

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90407 034 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P05000034039 1. Entity Name J. ALE HOUSE INC. | | | |
| Principal Place of Business 13748 CORONADO DRIVE SPRING HILL, FL 34609 US | | Mailing Address 13748 CORONADO DRIVE SPRING HILL, FL 34609 US | |
| 2. Principal Place of Business 7430 US Hwy 19 Suite, Apt. #, etc. | | 3. Mailing Address 13239 Asbury St. Suite, Apt. #, etc. | |
| City & State New Port Richey FL Zip 34652 Country US | | City & State Spring Hill, FL Zip 34609 Country US | |
| 4. FEI Number 20 2435055 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent URBAN, SCOTT 13239 ASBURY STREET SPRING HILL, FL 34609 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renouncing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD URBAN, SCOTT 13239 ASBURY STREET SPRING HILL, FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GRAZIANO, SALVATORE J 13748 CORONADO DRIVE SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ALLEN, DONNA 13239 ASBURY STREET SPRING HILL, FL 34609 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST VP Urban, Donna 13239 Asbury St Spring Hill, FL 34609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Scott Urban</i> SCOTT URBAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 6/1/06 Daytime Phone: 352 3978957 | |