

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90247 040 \*\*\*150.00

**DOCUMENT # P05000065977**

1. Entity Name  
**ALLIANCE-STRAWBRIDGE, INC.**



Principal Place of Business  
**730 EAST STRAWBRIDGE AVENUE  
SUITE 100  
MELBOURNE, FL 32901**

Mailing Address  
**730 EAST STRAWBRIDGE AVENUE  
SUITE 100  
MELBOURNE, FL 32901**

**50018513**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20 2786630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MATARAZZO, PATRICIA  
730 EAST STRAWBRIDGE AVENUE  
SUITE 100  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name **Cassella, Lizabeth**  
Street Address (P.O. Box Number is Not Acceptable)  
**730 E Strawbridge Ave**  
**Suite 100**  
City **Melbourne** FL Zip Code **32901**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CASSELLA, LIZABETH A**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **VP** ☐ Delete  
NAME **SPRAGINS, MICHAEL W**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **S-T** ☐ Delete  
NAME **MATARAZZO, PATRICIA**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete  
NAME **SPIRA, STEPHEN E**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete  
NAME **BEALS, ROBERT L**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **D** ☐ Delete  
NAME **SPRAGINS, STEPHEN H**  
STREET ADDRESS **730 EAST STRAWBRIDGE AVENUE SUITE 100**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **ST Spragins, Michael**  
STREET ADDRESS **730 E Strawbridge Ave Ste 100**  
CITY-ST-ZIP **Melbourne FL 32901**

TITLE ☒ Change ☐ Addition  
NAME **Matarazzo, Patricia**  
STREET ADDRESS **730 E. Strawbridge Ave Ste 100**  
CITY-ST-ZIP **Melbourne, FL 32901**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **JP Spragins, Stephen**  
STREET ADDRESS **730 E. Strawbridge Ave Ste 100**  
CITY-ST-ZIP **Melbourne, FL 32901**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/06**

Date

**321 724 9600**

Daytime Phone #