

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03262008 No 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 CASSELLA, LIZABETH 730 E STRAWBRIDGE AVE SUITE 100 MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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.

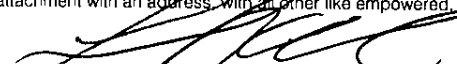
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000884233 04/17/08-80035-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSELLA, LIZABETH A 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SPRAGINS, MICHAEL 730 E STRAWBRIDGE AVE STE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATAAZZO, PATRICIA 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRA, STEPHEN E 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPRAGINS, STEPHEN 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 an other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____