

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000108047

1. Entity Name
ALLIANCE-WAVERLY, INC.



Principal Place of Business
730 E. STRAWBRIDGE AVENUE
100
MELBOURNE, FL 32901

Mailing Address
730 E. STRAWBRIDGE AVENUE
100
MELBOURNE, FL 32901



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3248336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSELLA, LIZABETH A
730 E STRAWBRIDGE AVE
STE 100
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

U00000877410
04/14/08-80013-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CASSELLA, LIZABETH A
STREET ADDRESS 730 E. STRAWBRIDGE AVENUE, SUITE 100
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D
NAME MATARAZZO, PATRICIA
STREET ADDRESS 730 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE VPST
NAME SPRAGINS, MICHAEL
STREET ADDRESS 730 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D
NAME SPRAGINS, STEPHEN
STREET ADDRESS 730 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D
NAME SPIRA, STEPHEN
STREET ADDRESS 730 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #