

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 008 \*\*\*150.00

**60028843**



|  |                                 |   |  |  |   |
|--|---------------------------------|---|--|--|---|
| <b>DOCUMENT # P05000126898</b><br>1. Entity Name<br>ALR INDUSTRIAL SUPPLY, INC.  |                                 |   |  |  |   |
| Principal Place of Business<br>1408 SW 15 AVE<br>OCALA, FL 34474   |                                 |   | Mailing Address<br>1408 SW 15 AVE<br>OCALA, FL 34474   |  |   |
| 2. Principal Place of Business   |                                 | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.   |  |  |   |
| City & State   |                                 | City & State  |  |  |   |
| Zip  | Country                         | Zip   | Country  | 03272006    Chg-P    CR2E034 (11/05)   |   |
| 4. FEI Number  |                                 |   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                 |   |  | <b>\$8.75 Additional Fee Required</b>  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ANICH, MARY-HELEN<br>1408 SW 15 AVE<br>OCALA, FL 34474   |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                 |   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |   |
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| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |   |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____   | <input type="checkbox"/> Delete |   | TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>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. |                                 |   |  |  |   |
| <b>SIGNATURE:</b> <u>Mary Helen Anich</u> <u>Mary-helen Anich</u>  |                                 |   | <u>4/21/06</u> <u>352-620-8080</u><br><small>Date    Daytime Phone #</small>   |  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |