2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-02-2008 90019 032 ***150.00

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1. Entity Name
A L R ENTERPRISES OF VOLUSIA, INC.

Principal Place of Business	Mailing Address
6125 STATE ROAD 11 DELEON SPRINGS, FL 32130 US	1317 PAR AVENUE ORMOND BEACH, FL 32174 US

02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4291590
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HART, RONALD
1317 PAR AVENUE
ORMOND BEACH, FL 32174

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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 Ronald Hart 3/13/08
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HART, RONALD
STREET ADDRESS	1317 PAR AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VP
NAME	HART, ALLEN
STREET ADDRESS	711 MONTANA AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SEC
NAME	HART, LILLIAN
STREET ADDRESS	1317 PAR AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	T
NAME	PURCELL, PATRICK K
STREET ADDRESS	5394 STATE ROAD 11
CITY-ST-ZIP	DELEON SPRINGS, FL 32130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Lillian Hart Lillian Hart 4/20/08 386-6235912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #