

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000015502

1. Entity Name  
RANDAL M. ALLIGOOD, P.A.



Principal Place of Business  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801

Mailing Address  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801

FILED

05 FEB -2 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3157222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC.  
390 N. ORANGE AVENUE  
SUITE 1100  
ORLANDO, FL 32801

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLIGOOD, RANDAL M 390 N. ORANGE AVE., #1100 ORLANDO, FL 32801
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02/15/05--01052--028 \*\*150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Randal M. Alligood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Randal M. Alligood, Director

2-1-05 4078394200  
Date Daytime Phone #