

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000015502

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



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 AM 10:35

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

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



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3157222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

400008558174
03/24/06--01004--019 **150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDAL M. ALLIGOOD, DIRECTOR

2-11-06

Date

407.839.4200

Daytime Phone #