

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000016664

1. Entity Name  
A.L.H., INC. OF TALLAHASSEE



Principal Place of Business  
5272 CRAWFORDVILLE HWY  
TALLAHASSEE, FL 32305 US

Mailing Address  
3559 GARDENVIEW WAY  
TALLAHASSEE, FL 32309 US

2. Principal Place of Business

3046 W. Thompson St  
Suite, Apt. #, etc.  
B

3. Mailing Address

5024 Tallow Point Rd  
Suite, Apt. #, etc.

City & State

TLH FL

City & State

TLH, FL

Zip

32303

Country

LEON

Zip

32309

Country

LEON

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL D  
3559 GARDENVIEW WAY  
TALLAHASSEE, FL 32308

09022004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3167967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Michael D. Harris

Street Address (P.O. Box Number is Not Acceptable)

5024 Tallow Point Rd

City

TLH

FL

Zip Code

32309

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

9/2/04

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HARRIS, MICHAEL D  
STREET ADDRESS 3559 GARDENVIEW WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Delete

TITLE VP  
NAME HARRIS, LESLEY A  
STREET ADDRESS 3559 GARDENVIEW WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 5024 Tallow Point Rd ☒ Change ☐ Addition  
NAME  
STREET ADDRESS TLH FL 32309  
CITY-ST-ZIP

TITLE 5024 Tallow Point Rd ☒ Change ☐ Addition  
NAME  
STREET ADDRESS TLH FL 32309  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 600041098506 ☐ Change ☐ Addition  
NAME 09/15/04--01032--018  
STREET ADDRESS \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/04

1-850-545-7792

9-2-04

To whom it may concern.

Please waive my monthly fee's because  
I was working outside the country on  
business and I moved my home and  
did not receive my notice.

Thanks

Niraj K