

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000016664

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



FILED

08 APR 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5026 TENNESSEE CAPITAL BOULEVARD
TALLAHASSEE, FL 32304 US

Mailing Address
5024 TALLOW POINT ROAD
TALLAHASSEE, FL 32309 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5026 Tennessee Capital Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102008

Chg-P

CR2E034 (12/06)

City & State

City & State

FL FL

4. FEI Number

59-3167967

Applied For

Not Applicable

Zip

Country

Zip

32303

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, MICHAEL D
5024 TALLOW POINT ROAD
TALLAHASSEE, FL 32309

Name

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

City

FL

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

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
NAME
P/S
HARRIS, MICHAEL D
STREET ADDRESS
5024 TALLOW POINT ROAD
CITY-ST-ZIP
TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-Pres. Sec. Treas.
Michael D Harris
5024 Tallow Point Rd. 32309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Petrice Lincoln Thorne Jr
5026 Tennessee Capital Blvd
TALL - FL 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600122883326
04/10/08--01012--023 **150.00 ☐ Change ☐ Addition

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

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 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

Date

Daytime Phone #

4-10-08

20.4/10