

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90010 039 \*\*\*150.00

**DOCUMENT # P93000077929**

1. Entity Name  
**ALBO ENTERPRISES, INC.**



Principal Place of Business  
**4395 WEEPING WILLOW CIR  
CASSELBERRY, FL 32707**

Mailing Address  
**4395 WEEPING WILLOW CIR  
CASSELBERRY, FL 32707**

40094016



2. Principal Place of Business

3. Mailing Address

*same*

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0445543**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

**BOLDUC, ALAIN  
5775 SW 35TH WAY  
FT LAUDERDALE, FL 33312**

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

*Alain G. Bolduc*

(NOTE: Registered Agent signature required when reinstating)

*05/18/06*

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BOLDUC, ALAIN  
4395 WEEPING WILLOW CIRCLE  
CASSELBERRY, FL 32707** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

*Alain G. Bolduc*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres*  
Date

Date

Daytime Phone #

*407-695-0613*



**ATTACHMENT**  
**40094012**  
**Division of Corporations**

**2006 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate  
the annual report form.**

This information cannot be changed on the report.	
Document Number	P93000077929
Business Entity Name	ALBO ENTERPRISES, INC.
Original File Date	11/05/1993

FEI Number 65-0445543

Principal Address 4395 WEEPING WILLOW CIR  
CASSELBERRY, FL 32707

Mailing Address 4395 WEEPING WILLOW CIR  
CASSELBERRY, FL 32707

Registered Agent ALAIN BOLDUC  
5775 SW 35TH WAY  
FT LAUDERDALE, FL 33312

**Officer/Director Name And Address**

P  
ALAIN BOLDUC  
4395 WEEPING WILLOW CIRCLE  
CASSELBERRY, FL 32707

If all of the above  
information is correct and  
you do not wish to make  
any changes, please  
select:

No Changes

If you need to make  
changes to the above  
information, please  
select:

Make Changes

**Sunbiz Home Page**

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