

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000083247

1. Entity Name

AL'DRIA CHARTER TOURS, INC.



FILED  
04 APR 28 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

Principal Place of Business  
6315 W. BLOUNTSTOWN HWY  
SUITE "E"  
TALLAHASSEE FL 32304

Mailing Address  
6315 W. BLOUNTSTOWN HWY  
SUITE "E"  
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3294004

Applied For  
Not Applicable

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

GAINES, ALPHONSO  
1209 LORD-N-GARDNER LANE  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

PCEO  
GAINES, ALPHONSO  
1525 HERNANDO DRIVE  
TALLAHASSEE FL 32304

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
GAINES, CYNTHIA G  
1209 LORD-N-GARDNER LANE  
TALLAHASSEE FL 32309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300035772098  
05/07/04--01082--001 \*\*150.00

☐ Change ☐ Addition

TITLE  
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☐ 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 #

4/27/04 (850) 380-2707