


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000083247 1. Entity Name AL'DRIA CHARTER TOURS, INC.					
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		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when relistating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO		TITLE		
NAME	GAINES, ALPHONSO		NAME		
STREET ADDRESS	1525 HERNANDO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		CITY-ST-ZIP		
TITLE	VP		TITLE		
NAME	GAINES, CYNTHIA G		NAME		
STREET ADDRESS	1209 LORD-N-GARDNER LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32309		CITY-ST-ZIP		
TITLE			TITLE		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3294004** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

U00000336331
04/27/05-80147-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alphonso Gaines / **ALPHONSO GAINES** 4/27/05 ⁽⁸⁵⁰⁾ 580-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #