2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# P96000056638

Entity Name: A L SUBS, INC.

Current Principal Place of Business:

8901 DAVIS BLVD.
NAPLES, FL 34104

New Principal Place of Business:

2155 SHEEPSHEAD DRIVE
NAPLES, FL 34102 US

Current Mailing Address:

8901 DAVIS BLVD.
NAPLES, FL 34104

New Mailing Address:

2155 SHEEPSHEAD DRIVE
NAPLES, FL 34102 US

FEI Number: 65-0682251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNOX, ARTHUR H
8901 DAVIS BLVD.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

LENNOX, ARTHUR H
2155 SHEEPSHEAD DRIVE
NAPLES, FL 34102 US

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.

SIGNATURE: ARTHUR LENNOX 05/27/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LENNOX, ART
Address: 2155 SHEEPSHEAD DR
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: LENNOX, LORRIE A
Address: 2155 SHEEPSHEAD DR
City-St-Zip: NAPLES, FL 34102

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LENNOX, ARTHUR
Address: 2155 SHEEPSHEAD DR
City-St-Zip: NAPLES, FL 34102 US

Title: D (X) Change ( ) Addition
Name: LENNOX, LORRIE A
Address: 2155 SHEEPSHEAD DR
City-St-Zip: NAPLES, FL 34102 US

Title: PRES ( ) Change (X) Addition
Name: LENNOX, ARTHUR
Address: 2155 SHEEPSHEAD DRIVE
City-St-Zip: NAPLES, FL 34102 US

Title: VP ( ) Change (X) Addition
Name: LENNOX, LORRIE A
Address: 2155 SHEEPSHEAD DRIVE
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR LENNOX PRES 05/27/2009
Electronic Signature of Signing Officer or Director Date