

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000075291

1. Entity Name
ALLIANCE CONSULTING GROUP, INC.



Principal Place of Business

3633 HIGH PINE DR., STE. 101
CORAL SPRINGS, FL 33065

Mailing Address

3633 HIGH PINE DR., STE. 101
CORAL SPRINGS, FL 33065

FILED
Apr 30, 2004 08:00 AM
Secretary of State



04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0697125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORSOVER, WILLIAM
3633 HIGH PINE DR., STE. 101
CORAL SPRINGS, FL 33065

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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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CORSOVER, WILLIAM L.
STREET ADDRESS 3633 HIGH PINE DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL

TITLE VP
NAME CORSOVER, ARLENE
STREET ADDRESS 3633 HIGH PINE DR
CITY-ST-ZIP CORAL SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William Corsover 4/27/04

954-752-5081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #