


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # P96000093445**  
 1. Entity Name  
**ALBERTA RODEO COMPANY INC.**



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
**1502 E PINELOCH AVE** \_\_\_\_\_ **1502 E PINELOCH AVE**  
**ORLANDO FL 32806** \_\_\_\_\_ **ORLANDO FL 32806**

2. Principal Place of Business \_\_\_\_\_ 3. Mailing Address \_\_\_\_\_  
 Suite, Apt #, etc. \_\_\_\_\_ Suite, Apt. #. etc. \_\_\_\_\_

City & State \_\_\_\_\_ City & State \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3411241** Applied For \_\_\_\_\_  
 Not Applicable \_\_\_\_\_  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALBERT, DANNY W**  
**1502 E PINELOCH AVE**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	ALBERT, DANNY W
STREET ADDRESS	1502 E PINELOCH AVE
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000269514
CITY-ST-ZIP	03/19/05-80015-003 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **3/16/05** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #