

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000051449

1. Entity Name
GEORGE ALDERINK INC.



Principal Place of Business
**7361 S IRMA PT
LECANTO, FL 34461**

Mailing Address
**7361 S IRMA PT
LECANTO, FL 34461**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3515985

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALDERINK, GEORGE JR
7361 S IRMA PT
LECANTO, FL 34461**

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 renatating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
ALDERINK, GEORGE SR
8414 EVERGREEN AVE
BROOKSVILLE, FL 34613**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
Alderink, George Jr
7361 S. Irma Pt.
Lecanto, Fl. 34461**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
ALDERINK, DONNA
8414 EVERGREEN AVENUE
BROOKSVILLE, FL 34613**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
Alderink, George Sr.
7361 S. Irma Pt.
Lecanto, Fl. 34461**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
ALDERINK, GEORGE JR
7361 S IRMA PT
LECANTO, FL 34461**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T/S
Alderink, Donna
7361 S. Irma Pt.
Lecanto, Fl. 34461**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donna Alderink *Donna Alderink 4/14/07 352/628/3897*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Date* *Daytime Phone:*

**FILED
Apr 17, 2007 8:00 am
Secretary of State**

04-17-2007 90236 029 ***150.00