

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000090398	
1. Entity Name ALC INVESTMENTS, INC.	

Principal Place of Business 21317 124TH PL LIVE OAK, FL 32060	Mailing Address 21317 124TH PL LIVE OAK, FL 32060
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DO NOT WRITE IN THIS SPACE

(P98000090398P)

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0871244	Applied For ☐ Not Applicable
5. Certificate of Status Dashed ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CROUCH, JAY
21317 124TH PL
LIVE OAK, FL 32060**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution... ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, CAROL 21317 124TH PL LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROUCH, JAY 21317 124TH PL LIVE OAK, FL 32060
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05/10/04-80013-006 150.00

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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: Jay Crouch 2-17-04 386-658-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #