

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90055 020 ***150.00

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

50030231

(P98000090398P)

DO NOT WRITE IN THIS SPACE

03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0871244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, CAROL 21317 124TH PL LIVE OAK, FL 32060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROUCH, JAY 21317 124TH PL LIVE OAK, FL 32060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Crouch

3-18-05 386-658-1230

Date

Daytime Phone #