

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000037298

**FILED**  
**Jun 11, 2008**  
**Secretary of State**

**Entity Name:** ALLEE SERVICES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

39 W. SPANISH MAIN STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

39 W. SPANISH MAIN STREET  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3571441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNATI, ALVIN A JR  
39 W. SPANISH MAIN STREET  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: FRANGIONE, LOU  
Address: 39 SPANISH MAIN STREET  
City-St-Zip: TAMPA, FL 33609

Title: T ( ) Delete  
Name: FRANGIONE, LOU  
Address: 39 W. SPANISH MAIN STREET  
City-St-Zip: TAMPA, FL 33609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BENNATI, LIANE M  
Address: 39 W. SPANISH MAIN STREET  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Change (X) Addition  
Name: ALVIN, BENNATI A JR  
Address: 39 W. SPANISH MAIN ST.  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIANE M. BENNATI

P

06/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date