

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S93633**

1. Entity Name

ALRAMA ENTERPRISES, INC.



Principal Place of Business

6412 DR. ML KING JR ST N  
SAINT PETERSBURG FL 33702  
US

Mailing Address

PO BOX 20003  
SAINT PETERSBURG FL 33742  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3094854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLER, CHARLES E  
6412 DR. M.L. KING JR, ST N.  
ST. PETERSBURG FL 33702

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 reinstating)

DATE

**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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME MCHUGH, ALICIA C.  
STREET ADDRESS 5800 SABAL TRACE DR., #302  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Change ☐ Addition  
NAME 00000290615  
STREET ADDRESS 04/06/05-80072-017 150.00  
CITY-ST-ZIP

TITLE VPT ☐ Delete  
NAME CROSBY, MARIA E.  
STREET ADDRESS 14045 PARADISE LANE  
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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: X

*Maria E Crosby*

MARIA E. CROSBY, TREASURER

03/24/05

(727) 521-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #