

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 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**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3094854**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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NAME  
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CITY-ST-ZIP

1000000425730  
02/20/06-80012-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Maria E. Crosby*

**MARIA E. CROSBY, TREASURER**

**01/24/06**

**(727) 521-2438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #