2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St			
DOCU 1. Entity Nam ALACHO					۵	eci etai	y or st
Principal Place 2032 HILLV SARASOTA,		Mailing Address 2032 HILLVIEW ST SARASOTA, FL 34239 US] 	APPA JURI BRIRI JURA HE	: BIRII BIRII BIRII BIRI	DJI BIRTIJADA IN JABI
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r	O NOT WOITE	INSTUIC COA	CE	02282008	No Chg-P	CR2E034 (11/	(05)
-	OO NOT WRITE	іў іпіэ эга	CE S	4. FEI Number 65-036			Applied For Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional quired
	6. Name and Address of Current R	gistered Agent				24.5	
LAMBRECHT, WILLIAM G. 1550 RINGLING BLVD. SARASOTA, FL 34236			, est		NOT W		.*
					ta j		, (2)
8. The above the obligat	e named entity submits this statement for t tions of registered agent.	ne purpose of changing its registere	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am familiar i	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tatle if applicable (NOTE: Registere	d Agent signature required	I when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution			~ — ++	.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	Į į				
NAME STREET ADDRESS CITY-ST-ZIP	PT BALLIETT, JOHN W 2032 HILLVIEW ST SARASOTA, FL		:	,	U00000	56555	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS POPIELINSKI, JAMES G 2032 HILLVIEW ST SARASOTA, FL		, N. j.	e Ver	03721708=	80005-015	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN	THIS SP	ACE	***
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. %			and a	*

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08

941-364-9224

Daytime Phone #