#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000549

Entity Name: AMERICAN LIFE ENTERPRISES, INC.

# **Current Principal Place of Business:**

3347 S WESTSHORE BLVD SUITE #1 TAMPA, FL 33629

# **Current Mailing Address:**

P O BOX 130061 TAMPA, FL 33681

FEI Number: 20-0566106 Certificate of Status Desired: No

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

SHADDAY, LAWRENCE RPRES. 3347 S WESTSHORE BLVD SUITE 1 TAMPA, FL 33629 US

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

**FILED** Feb 27, 2015

**Secretary of State** 

CC3996740704

### Officer/Director Detail:

Title

SHADDAY, LAWRENCE R Name

PO BOX 130061 Address City-State-Zip: TAMPA FL 33681

I hereby 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 all other like empowered.