


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91015 011 ***150.00

DOCUMENT # P01000106164			
1. Entity Name ALTERNA PRODUCTS, INC.			
Principal Place of Business 5858 BROADWAY AVENUE SUITE 1 JACKSONVILLE, FL 32254		Mailing Address 5858 BROADWAY AVENUE SUITE 1 JACKSONVILLE, FL 32254	
2. Principal Place of Business 5351 Ramona Blvd		3. Mailing Address 6622 Southpoint Dr. S.	
Suite, Apt. #, etc. Ste 7 + 8		Suite, Apt. #, etc. Ste 495	
City & State Jacksonville, FL		City & State Jacksonville FL	
Zip 32205		Zip 32216	
Country		Country	
4. FEI Number 59-3755333		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, EVE 6622 SOUTHPOINT DRIVE SOUTH SUITE 495 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASHEK, EDWARD R 5858 BROADWAY AVENUE STE 1 JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6622 Southpoint Dr., S, Ste 495 Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, ANITA 6622 SOUTPOINT DRIVE SOUTH #495 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anita Colson VP</u> 4/28/04		Date: <u>904 786 1181</u> Daytime Phone #	

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