

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90302 002 ***150.00

14012599



MOORE CR2E034 (11/03)

DOCUMENT # P03000112338			
1. Entity Name ALDOS, INC.		Principal Place of Business 4820 DAVIS BLVD NAPLES FL 34104	
2. Principal Place of Business Suite, Apt. #, etc. <i>Same as above</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same as above</i>	
City & State <i>Same as above</i>		City & State <i>Same as above</i>	
Zip	Country	Zip	Country
4. FEI Number 20-0295512		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 BRUGGER, JOHN 600 5TH AVE S STE 207 NAPLES FL 34102		7. Name and Address of New Registered Agent Name Kelly Musico Street Address (P.O. Box Number is Not Acceptable) 4820 Davis Blvd. City Naples FL Zip Code 34112	
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 <u><i>Kelly Musico</i></u> DATE 4-23-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	DP MUSICO, ADELCHI 3304 TIMBERWOOD CIR NAPLES FL 34105 <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	DP MUSICO, ADELCHI 3354 TIMBERWOOD CIR NAPLES FL 34105 <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	ST MUSICO, KELLY 3354 TIMBERWOOD CIR NAPLES FL 34105 <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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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: *Kelly Musico* **4-22-04 239-659-2536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #