


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 041 ***150.00

DOCUMENT # P03000155052

1. Entity Name
ALVIS INDUSTRIES, INC.




Principal Place of Business Mailing Address
3300 LINDEN DR **3300 LINDEN DR**
SARASOTA, FL 34232-4938 **SARASOTA, FL 34232-4938**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



08192004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0463809 Not Applicable

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

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E PHD
125 FIRST AVE
NOKOMIS, FL 34275

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: *Allen E. Langdon* DATE: **8/20/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALVIS, TROY D	
STREET ADDRESS	3300 LINDEN DR	
CITY-ST-ZIP	SARASOTA, FL 342324938	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvis, Troy D.	
STREET ADDRESS	3300 Linden Drive	
CITY-ST-ZIP	Sarasota, FL 34232-4938	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Troy Alvis* August 20, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24080870

August 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327


RE: Annual Corporate Filing

To Whom It May Concern:

Could you please see it in your heart to relieve the late penalty due to the fact that I did ~~not receive the postcard that you sent out? My accountant has informed me that I have~~ not paid the annual fee and sent in the revised form. I'm sorry for this oversight and my accountant assures me that he will now be tracking to make sure that all of the corporations that he works on will file the proper annual reports with fees in the future.

Thank you in advance for your consideration on this matter.

Sincerely,



Alvis Industries, Inc.
Document Number: P03000155052
Troy D. Alvis - President, Secretary, Treasurer
3300 Linden Drive
Sarasota, FL 34232-4938