2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000064982

1. Entity Name
ALEDDA, INC.

Principal Place of Business	Mailing Address
3049 COLDWELL DR HOLIDAY, FL 34691	3049 COLDWELL DR HOLIDAY, FL 34691

DO NOT WRITE IN THIS SPACE

05022008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1078618
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASTEN, MYRTLE E
3049 COLDWELL DR
HOLIDAY, FL 34691

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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 Myrtle E Masten 05-02-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MESSINA, ALFRED G
STREET ADDRESS	3049 COLDWELL DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	CHAMPION, DAVID M
STREET ADDRESS	1515 S TAMIAMI TR STE 3
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	MASTEN, MYRTLE E
STREET ADDRESS	3049 COLDWELL DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	SOLDANO, EDWARD
STREET ADDRESS	150 WM FLOYD PKWY
CITY-ST-ZIP	SHIRLEY, NY 11967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000947330
06/02/08-80010-001-158.75

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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: 05-02-08 727-934-9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #