


FILED
Jun 01, 2004 8:00 am
Secretary of State

04-19-2004 90281 019 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000000153
 1. Entity Name
ROBERT ALLI, INC.



Principal Place of Business
**11625 WALSHINGHAM RD
 LARGO, FL 33778 US**
*540 SEMINOLE BLVD
 LARGO FL 33770*

Mailing Address
**PO BOX 1508
 LARGO, FL 33779-1508 US**

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3316789

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ALLI, ROBERT
1850 GULF BLVD
1004
CLEARWATER, FL 33787
*12260 SEMINOLE AL, LOT 22
 LARGO FL 33778*

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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: *Dean Alli* **DEAN ALLI** DATE: **4-12-04**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLI, ROBERT
STREET ADDRESS	PO BOX 1508
CITY-ST-ZIP	LARGO, FL 337791508
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *DEAN C. ALLI* **DEAN C. ALLI** DATE: **4-12-04** 727-434-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR