2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V41758

1. Entity Name
ALPINE MOUNTAIN DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
1408 NEWBRIDGE LANE ORLANDO, FL 32825 US	1408 NEWBRIDGE LANE ORLANDO, FL 32825 US

DO NOT WRITE IN THIS SPACE

04182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3132705

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGRAHAM, TERRY K
1408 NEWBRIDGE LANE
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

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 _____
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
After May 1, 2004 Fee will be $550.00

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

000000124710
04/22/04-80055-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	INGRAHAM, TERRY K
STREET ADDRESS	1408 NEWBRIDGE LANE
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	CCEO
NAME	INGRAHAM, TERRY K
STREET ADDRESS	1408 NEWBRIDGE LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VPT
NAME	INGRAHAM, MONIKA
STREET ADDRESS	1408 NEWBRIDGE LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VPS
NAME	INGRAHAM, MONIKA
STREET ADDRESS	1408 NEWBRIDGE LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

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SIGNATURE Monika Ingraham MONIKA INGRAHAM 4/18/04 273-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #