

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000112469

1. Entity Name
ALSON ENTERPRISES, INC.



Principal Place of Business
**89 CIMMARON DRIVE
PALM COAST, FL 32137**

Mailing Address
**89 CIMMARON DRIVE
PALM COAST, FL 32137**



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137**

**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**

U000000122051
04/21/04-80014-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALSON, ALFRED L
89 CIMMARON DRIVE
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALSON, ROSALIA D
89 CIMMARON DRIVE
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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 507, 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: *Alfred L. Alson MD* **Alfred L. Alson MD** 4/18/04 (386) 445-0554
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #