

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 345162

Entity Name: ALDEN ENTERPRISES, INC.**Current Principal Place of Business:**5900 GULF BOULEVARD
ST PETE BEACH, FL 33706**Current Mailing Address:**5900 GULF BOULEVARD
ST PETE BEACH, FL 33706 US**FEI Number:** 59-1258786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RENFROW, ROBERT G
5900 GULF BOULEVARD
ST PETE BEACH, FL 33706 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	FEATHERSTONE, JAMES R
Address	5900 GULF BOULEVARD
City-State-Zip:	ST PETE BEACH FL 33706

Title	PD
Name	RENFROW, ROBERT G
Address	5900 GULF BOULEVARD
City-State-Zip:	ST PETE BEACH FL 33706

Title	D
Name	RENFROW-CLAFFEY, LEIGH O
Address	5900 GULF BLVD.
City-State-Zip:	SAINT PETE BEACH FL 33706

Title	D
Name	IBARGUEN, JENNIFER A
Address	5900 GULF BLVD.
City-State-Zip:	SAINT PETE BEACH FL 33706

Title	VP
Name	SATTERFIELD, ANTHONY
Address	5900 GULF BLVD
City-State-Zip:	ST. PETE BEACH FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT G RENFROW**PRESIDENT****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date