


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 013530 1. Entity Name ALACHUA TUNG OIL COMPANY	
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Principal Place of Business 51 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645	Mailing Address 51 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-6181777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000159280 05/10/04-80024-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLACCUM, JOANN 51 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ABRAMS, DENIS 51 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPUY, YVAN 23 MACINTYRE RD ALLENDALE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEVINE, DONALD 51 CHESTNUT RIDGE RD MONTVALE, NJ 07645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **9/3/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #