

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 013530

1. Entity Name
ALACHUA TUNG OIL COMPANY



Principal Place of Business
**51 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645**

Mailing Address
**51 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645**

DO NOT WRITE IN THIS SPACE



03292005 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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UN0000293223
04/08/05-80018-017 150.00**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #