

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 333963

1. Entity Name

LOMA ALTA COMPANY INC



Principal Place of Business

610 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

610 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1217154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGIST, DAVID H
610 NORTH 3RD STREET
JACKSONVILLE BCH. FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HAGIST, DAVID
STREET ADDRESS 1749 SEMINOLE RD.
CITY-ST-ZIP ATLANTIC BCH, FL 00000

TITLE VD ☐ Delete
NAME HAGIST, CYNTHIA
STREET ADDRESS 1749 SEMINOLE RD
CITY-ST-ZIP ATLANTIC BCH FL

TITLE S ☐ Delete
NAME HAGIST, CHRISTOPHER
STREET ADDRESS 1763 PARK TERRACE EAST
CITY-ST-ZIP ATLANTIC BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000044835
CITY-ST-ZIP 02/11/04-80037-022 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

David Hagist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

904 246-2790