

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000006190

1. Entity Name
ALCI, INC.



FILED

04 NOV 30 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
26 SPANISH ST.
ST AUGUSTINE, FL 32084

Mailing Address
26 SPANISH ST.
ST AUGUSTINE, FL 32084 US

2. Principal Place of Business
2155 OLD MOULTRIE RD

3. Mailing Address
2155 OLD MOULTRIE RD.

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

07202004 Chg-P CR2E034 (10/03)

City & State
ST. AUGUSTINE FL

City & State
ST. AUGUSTINE FL

4. FEI Number
59-3532300

Applied For
Not Applicable

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

Zip
32086

Country
ST. JOHNS

Zip
32086

Country
ST. JOHNS

6. Name and Address of Current Registered Agent
DOBSON, GEOFFREY B
66 CUNA ST.
ST AUGUSTINE, FL 32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELKUS, DAVID E 116 SAN RAFAEL DR. ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELKUS, DAVID E 116 SAN RAFAEL DR. ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORTCH, CHRISTINE 6164 COSTANERO RD. SAINT AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELKUS, DAVID E. 116 SAN RAFAEL DR. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY H. ALIX LOACH 7800 CR 214 ST. AUGUSTINE, FLORIDA 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: July 20, 2004 Daytime Phone #: 904 824-1660 EXT 2323