


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000968 1. Entity Name AL-JON INC.	
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Principal Place of Business 14599 2ND AVENUE OTTUMWA, IA 52501	Mailing Address 14599 2ND AVENUE OTTUMWA, IA 52501
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07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1033504	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STEWART, JOHN
2121 W. FIRST STREET
FORT MYERS, FL 33901**

**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 \$550.00
Due by September 8, 2004**

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

**U00000169344
08/04/04-80003-018 550.00**

10. OFFICERS AND DIRECTORS

TITLE PS	KNEEN, KENDIG K
NAME STREET ADDRESS	10629 BLADENSBURG ROAD
CITY-ST-ZIP OTTUMWA, IA	
TITLE VT	KNEEN, TIMOTHY B
NAME STREET ADDRESS	2739 W. WOLFENBERGER
CITY-ST-ZIP SEDALIA, CO	
TITLE CD	KNEEN, JON H
NAME STREET ADDRESS	4151 GULF SHORE BLVD., NORTH
CITY-ST-ZIP NAPLES, FL 34103	

**DO NOT WRITE
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)(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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

X 7-28-04 641-682-4506
Date Daytime Phone # ext 112