


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003354
1. Entity Name
SCRIPTALERT, INC.



Principal Place of Business Mailing Address
1772 ASPEN LANE 1772 ASPEN LANE
WESTON, FL 33327 WESTON, FL 33327



02142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3747979	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
COFFMAN, JONATHAN
1772 ASPEN LANE
WESTON, FL 33327

**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: *Jonathan Coffman* Vice President 4/25/04
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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DIDIER, DANIEL K 1217 TICONDEROGA DR CHESTERFIELD, MO 63017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST COFFMAN, JONATHAN A 1772 ASPEN LANE WESTON, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC COFFMAN, JONATHAN A 1772 ASPEN LANE WESTON, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESIIOBY, NWADINTO 2820 BOGATA AVE COOPER CITY, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENDICK, MICHAEL 2501 S OCEAN DR., #1721 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANAVELIL, THOMAS 13027 SW 88 LANE MIAMI, FL 33186

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04/28/04-80085-003 158.75

**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: *Jonathan Coffman* 4/25/04 954-536-7692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #