

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G06308

1. Entity Name
ALMAGAMATED ENTERPRISES, INC.



FILED

04 JUN -7 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6925 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33709 US

Mailing Address
6925 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33709 US



05282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5512 60 Way N

3. Mailing Address
5512 60 Way N

Suite, Apt. #, etc.

City & State
St Petersburg FL

Zip
33709

Country
US

4. FEI Number
59-2257012

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAYNE, ROBERT T
6925 48TH AVENUE NORTH
ST. PETERSBURG, FL 33709

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

800037849258
06/10/04--01075--003 **\$61.25

Amended AR is \$61.25

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

DP
PAYNE, ROBERT T
6925 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33709

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSTD
PAYNE, CELIA
6925 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33709

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC/D
Robert W Payne
5512 60 Way N
St Petersburg FL 33709

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST/D
Jo Ellen Payne
5512 60 Way N
St Petersburg FL 33709

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: Robert L Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/04 727-544-7484

Date

Daytime Phone #