

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90001 034 ***150.00

DOCUMENT # G42759

1. Entity Name
ALTON ENTERPRISES, INC.



Principal Place of Business
**4050 OCEAN DRIVE
APT 605
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**4050 OCEAN DRIVE
APT 605
LAUDERDALE-BY-THE-SEA, FL 33308 US**

54064467



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2528531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLADE, PAUL E.
515 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH, FL 33441**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SENECA, ANTON
STREET ADDRESS	3401 NE 6TH TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	ST
NAME	THOMPSON, GENEVIEVE C.
STREET ADDRESS	1180 S. POWERLINE ROAD, #107
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Seneca Anton S. Seneca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04

954 471-1512

Daytime Phone #

ISMAEL MOREJON
MARIA M. CONTOURIS
CERTIFIED PUBLIC ACCOUNTANTS

Attachment
54064467
1919 NE 45th St. Suite # 114
Ft. Lauderdale, FL 33308
(954) 491-5179
(954) 491-5244 (Fax)

July 16, 2004

To: Division of Corporations
Tallahassee, FL 32314

Re: Alton Enterprises, Inc.
4050 Ocean Drive #605
Ft. Lauderdale, FL 33308
Fed Id #59-2528531

Document #G42759

To Whom It May Concern:

Enclosed you will find an annual report for Alton Enterprises, Inc. and a check for \$150.00. The business owner did not receive an initial notice to file his annual report. Please forgive the late fee, since the owner has filed timely reports in the past. We greatly appreciate your attention to this matter. If you have any questions or require more information, please call me at (954) 972-9665.

Sincerely,



Maria Contouris, CPA
Elite Accounting Services, Inc.
(954) 972-9665