

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90007 036 \*\*\*150.00

**DOCUMENT # G56176**

1. Entity Name  
ALANDCO/CASCADE, INC.



Principal Place of Business  
700 UNIVERSE BLVD  
ATTN : DENIS P COYLE  
JUNO BEACH, FL 33408

Mailing Address  
700 UNIVERSE BLVD  
ATTN : DENIS P COYLE  
JUNO BEACH, FL 33408 US

24013293



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2339943

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEON, J E  
9250 WEST FLAGLER STREET  
MIAMI, FL 33174

**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 \$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 DS  
NAME COYLE, DENNIS P  
STREET ADDRESS 700 UNIVERSE BLVD  
CITY-ST-ZIP JUNO BEACH, FL

TITLE VAS  
NAME COLLINS, STEPHEN M  
STREET ADDRESS 700 UNIVERSE BLVD  
CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE DP  
NAME KELLEHER, LAWRENCE J  
STREET ADDRESS 700 UNIVERSE BLVD  
CITY-ST-ZIP JUNO BEACH, FL 33408

TITLE T  
NAME CUTLER, PAUL T  
STREET ADDRESS 700 UNIVERSE BLVD  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*Dennis P. Coyle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/04

Date

(561) 694-3424

Daytime Phone #