

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G96665

1. Entity Name
ALTAMONTE OFFICE SUPPLY, INC.



Principal Place of Business
531 HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32701

Mailing Address
531 HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32701



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2395857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECK, MARSHA M.
531 HIGHLAND STREET
ALTAMONTE SPRINGS, FL 32701

**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, 2005 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
ST
BECK, MARSHA M.
531 HIGHLAND ST
ALTAMONTE SPRINGS FL,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BECK, CHARLES H.
531 HIGHLAND ST
ALTAMONTE SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
MALM, JEFFRY J.
716 PARKLAND ROAD
ALTAMONTE SPRINGS, 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)(f), 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 title empowered.

SIGNATURE

Marsha Beck MARSHA BECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREAS.

455 409 339-6211
Date Daytime Phone #