

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H00026

1. Entity Name

ALDENAS ENTERPRISES, INC.



Principal Place of Business

PO BOX 40916
SAINT PETERSBURG FL 33743

Mailing Address

PO BOX 40916
SAINT PETERSBURG FL 33743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2487342

Applied F
Not Appli

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, PETER D.
5200 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 M.
Added to F.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
LEW, LAWRENCE
P.O. BOX 40916
SAINT PETERSBURG FL 33743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000529382
05/05/06-80074-009 150.00 ☐ Change ☐ A

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSD
LEW, J ALDENAS
P.O. BOX 40916
SAINT PETERSBURG FL 33743 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lawrence M. Lew

4/18/06 727
4/15/14/4