2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name ALTEC RO			01-20-2004 90048 043 ***150.00				50.00				
Principal Place 150 TONEY F P.O. BOX 66- JUPITER, FL	Penna dr. 4		Mailing Address 150 TONEY PENNA DR. P.O. BOX 664 JUPITER, FL 33458	•			44002	#1011 4 1011 410 11		ea (6]	
2. Principal Pl	lace of Busine To いむ		3. Mailing Address 150 Toneu	Penna	Da						
Suite, Apt.		<u> </u>	Suite, Apt. #, etc.	,		01132004	Chg-P	CR2E03	34 (10/03)		
City & State	TAR	- - 7L	City & State Supite	R FL		4. FEI Number 59-2406	401			plied For Applicable	
3345	8	Country A	33458	Country USA	r	5. Certificate of			8.75 Add	itional	
	6Name	and Address of Current	Registered Agent			.∈7.≂Name and A	ddress of New Re		<u>'</u>		
A40 : ET 14	(A) TED (1		Name							
MILLET, WALTER J. 150 TONEY PENNA DR. JUPITER, FL 33458					Street Address (P.O. Box Number is Not Acceptable)						
JUPITER,	FL 33436	1									
		1		City			·	FL	Zip Code	9	
8. The above	named entity	submits this statement for	or the purpose of changing its re	gistered office or	register	ed agent, or both	, in the State of Flo		 amiliar with,	and accept	
the obligat	ions of registe						- -		,.	259 2 3	
SIGNATURE_		or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signat	ure required		80 210 2140 <u>8</u>	DATE	e	right articles	
1 Sept 40 OBS	! !		9. Election Campaig		, 05	T		<u></u>		-	
After Ma	E NOW!!! av 1. 2004	FEE IS \$150.00									
	79. 19	FEE IS \$150.00 Fee will be \$550.	.00 Trust Fund Contril	• –		.00 May Be ed to Fees			naga.	Classes.	
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TITLE NAME	PD MILLET, W	OFFICERS AND	.00 Trust Fund Contril	11- TITLE NAME		ed to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	SIN 11	
TITLE	PD MILLET, W 150 TONE	OFFICERS AND VALTER J. Y PENNA DR	.00 Trust Fund Contril	11.		ed to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	SIN 11	
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12. Thereby certify that the information supplied with this tiling 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 chapter for an attachment with a haddress, with all other like exprovered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

561-747-1990