2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2004 8:00 am Secretary of State DOCUMENT # H68638 1. Entity Name 05-03-2004 90448 008 ***150.00 ALPINE INDUSTRIES CORPORATION Principal Place of Business Mailing Address 2908 29TH AVENUE EAST 2908 29TH AVENUE EAST **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2588659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOGLER II, EDWARD 802-11TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 33505** City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition BROEMEL, HANS NAME NAME STREET ADDRESS 8118 TIMBER LAKE LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition BROEMEL, MONICA NAME NAME STREET ADDRESS 8118 TIMBER LAKE LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Hans G. Broeme I

Hans G.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04 - 30 - 04

Date

FILED

941-749-1900

Daytime Phone #