

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 045 ***150.00

DOCUMENT # H99788

1. Entity Name
ALLKOTE, INC.



Principal Place of Business

3582 ROLLING TRL
PALM HARBOR, FL 34684 US

Mailing Address

3582 ROLLING TRL
PALM HARBOR, FL 34684 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2642120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GANNO, JOSEPH S
3582 ROLLING TRL
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name GANNO, Lisa M.

Street Address (P.O. Box Number is Not Acceptable)

3582 Rolling Trail

City Palm Harbor, FL

FL

Zip Code 34684

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 PVPS ☒ Delete
NAME GANNO, JOSEPH S
STREET ADDRESS 3582 ROLLING TRL
CITY-ST-ZIP PALM HARBOR, FL

TITLE T ☒ Delete
NAME GANNO, JOSEPH S
STREET ADDRESS 3582 ROLLING TRL
CITY-ST-ZIP PALM HARBOR, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPS ☐ Change ☒ Addition
NAME Lisa M. GANNO
STREET ADDRESS 3582 Rolling Trail
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE T ☐ Change ☒ Addition
NAME GANNO, Lisa M
STREET ADDRESS 3582 Rolling Trail
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #