


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J68066 1. Entity Name ALSAX CORPORATION	
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Principal Place of Business 504 SE WILLISTON RD P. O. BOX 1045 GAINESVILLE FL 32602-1045 US	Mailing Address P.O. BOX 1045 P. O. BOX 1045 GAINESVILLE FL 32602-1045 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State	City & State
Zip	Zip
Country	Country

4. FEI Number 59-2784356	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ALMOND, GARY R. 504 SE WILLISTON RD GAINESVILLE FL 32641	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM <input type="checkbox"/> Delete ALMOND, GARY R. 504 SE WILLISTON RD GAINESVILLE FL 32641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000028891 02/04/04-80045-012 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ALMOND, CHRISTOPHER R. 504 SE WILLISTON RD GAINESVILLE FL 32641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ *Jan 22 04* 352-376-5131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #