2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J71329

1. Entity Name
ALTAMONTE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2929 E. COMMERCIAL BLVD. SUITE 409 FT LAUDERDALE, FL 33308 US	2929 COMMERCIAL BLVD STE 409 FT LAUDERDALE, FL 33308 US

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0002250	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, JOSEPH
2929 E COMMERCIAL BLVD
STE 409
FT. LAUDERDALE, FL 33308

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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_____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VPS
NAME	GATES, VICKI D
STREET ADDRESS	2929 E. COMMERCIAL #409
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VPS
NAME	COX, CHRISTY L
STREET ADDRESS	2929 E COMMERCIAL BLVD #409
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _____Vicki Gates_____   1/4/05   954-491-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #