

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90025 034 ***158.75

DOCUMENT # K10994

1. Entity Name

ALAN MFG., INC.



Principal Place of Business

2159 LOGAN ST
CLEARWATER FL 34625

Mailing Address

2159 LOGAN ST
CLEARWATER FL 34625

34013317



MOORE CR2E034 (11/03)

2. Principal Place of Business

11542 Perpetual Dr.

Suite, Apt. #, etc.

#C

City & State

Odessa, Fl.

Zip

33556

Country

USA

3. Mailing Address

11542 Perpetual Dr.

Suite, Apt. #, etc.

#C

City & State

Odessa, Fl.

Zip

33556

Country

USA

4. FEI Number

59-2873005

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ALAN
2159 LOGAN ST
CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name

Feldman, Alan

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

11542 Perpetual Dr.

#C

City

Odessa,

FL

Zip Code

33556

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

Alan Feldman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-17-04

DATE

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	FELDMAN, LEALA	
STREET ADDRESS	2159 LOGAN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FELDMAN, ALAN	
STREET ADDRESS	2159 LOGAN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GINER, LAURA	
STREET ADDRESS	2159 LOGAN ST	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	T	<input type="checkbox"/> Delete
NAME	GINER, GEOFFREY	
STREET ADDRESS	2159 LOGAN ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feldman, Leala	address
STREET ADDRESS	11542 Perpetual Dr	33556
CITY-ST-ZIP	Odessa, Fl.	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Feldman, Alan	address
STREET ADDRESS	11542 Perpetual Dr	#C
CITY-ST-ZIP	Odessa, Fl.	33556
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giner, Laura	address
STREET ADDRESS	11542 Perpetual Dr	#C
CITY-ST-ZIP	Odessa, Fl.	33556
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giner, Geoffrey	address
STREET ADDRESS	11542 Perpetual Dr	#C
CITY-ST-ZIP	Odessa, Fl.	33556
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leala Feldman Leala Feldman 2-17-04 727 834 8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #