


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**

34010017



MOORE CR2E034 (11/03)

2. Principal Place of Business
11542 Perpetual Dr.

3. Mailing Address
11542 Perpetual Dr.

Suite, Apt. #, etc.
#C

City & State
Odessa, Fl.

City & State
Odessa, Fl.

Zip
33556

Country
USA

4. FEI Number
59-2873005

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$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  DATE **2-17-04**

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Feldman, Leala 11542 Perpetual Dr Odessa, Fl. 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Feldman, Alan 11542 Perpetual Dr Odessa, Fl. 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Giner, Laura 11542 Perpetual Dr. Odessa, Fl. 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Giner, Geoffrey 11542 Perpetual Dr. Odessa, Fl. 33556	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Leala Feldman** DATE: **2-17-04** DAYTIME PHONE #: **727 834 8898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR