2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L20529

1. Entity Name
ALPENGLOW PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
900 GARDENIA DR DELRAY BEACH, FL 33483	900 GARDENIA DR DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

07012004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0144899	Not Applicable

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

6. Name and Address of Current Registered Agent

SHEREMETA, RICHARD W.
900 GARDENIA DRIVE
DELRAY BEACH, FL 33483

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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 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEREMETA, RICHARD W.
STREET ADDRESS	900 GARDENIA DR
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	SDS
NAME	SHEREMETA, DOLORES E
STREET ADDRESS	900 GARDENIA DR
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/08/04-80005-022 150.00

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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: _Dolores Sheremeta_   7/5/04   561/276-7381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Dolores Sheremeta