


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L20529 1. Entity Name ALPENGLOW PRODUCTIONS, INC.	
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Principal Place of Business 900 GARDENIA DR DELRAY BEACH, FL 33483	Mailing Address 900 GARDENIA DR DELRAY BEACH, FL 33483
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0144899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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 NAME STREET ADDRESS CITY - ST - ZIP	PD SHEREMETA, RICHARD W. 900 GARDENIA DR DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDS SHEREMETA, DOLORES E 900 GARDENIA DR DELRAY BEACH, FL 33483
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01/07/05-80024-021 150.00

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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)(f), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dolores Sheremeta

12/31/04 561/276-7381
Date Daytime Phone #