

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90089 010 ***150.00

DOCUMENT # L37386

1. Entity Name

THE ALISTER GROUP, INC.



Principal Place of Business

55 E OAK STREET
APOPKA FL 32712
US

Mailing Address

P.O. BOX 4382
APOPKA FL 32704
US

24007091



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2980405**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRICKSON, CATHY J
1427-D OAK PLACE
APOPKA FL 32712

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
JOKINEN, NORMAN M.
STREET ADDRESS
1575 BELFAST CT
CITY-ST-ZIP
APOPKA FL

TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
HENRICKSON, CATHY J.
STREET ADDRESS
1427 D OAK PL
CITY-ST-ZIP
APOPKA FL

TITLE ☐ Change ☐ Addition
NAME **TD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
JONES, F. SHELTON, JR.
STREET ADDRESS
5480 PARK VALE BLVD.
CITY-ST-ZIP
WINTER PARK FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
JOKINEN, JULIE
STREET ADDRESS
1575 BELFAST CT
CITY-ST-ZIP
APOPKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
JORDAN, LEN
STREET ADDRESS
P.O. BOX 4382
CITY-ST-ZIP
APOPKA FL 32704

TITLE ☐ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cathy Henrickson
TREASURER

CATHY HENRICKSON
TREASURER

1-30-04 **407-886-8784**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #