

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M86348

1. Entity Name
ALTA SYSTEMS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -4 AM 10:36

Principal Place of Business
6825 NW 18 DR
GAINESVILLE, FL 32653 US

Mailing Address
6825 NW 18 DR
GAINESVILLE, FL 32653 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2894094

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

NESBIT, RICHARD B.
27431 NW COUNTY RD 1491
ALACHUA, FL 32615

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME NESBIT, RICHARD B.
STREET ADDRESS 27431 N. CR 1491
CITY-ST-ZIP ALACHUA, FL

TITLE P ☐ Delete
NAME NESBIT, JANE E.R.
STREET ADDRESS 27431 N. CR 1491
CITY-ST-ZIP ALACHUA, FL

TITLE D ☒ Delete
NAME NESBIT, JANE E.R.
STREET ADDRESS 27431 N. CR 1491
CITY-ST-ZIP ALACHUA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME NESBIT, RICHARD B.
STREET ADDRESS 27431 NW County Road 1491
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Change ☐ Addition
NAME 900046423529
STREET ADDRESS 02/11/05--01019--003 **\$61.25
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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: Richard B Nesbit vp Richard B. Nesbit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

Date

352 372 2934

Daytime Phone #