



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90001 042 ***150.00

DOCUMENT # M98665 1. Entity Name AMERICAN LEDGER MANAGEMENT, INC.																													
Principal Place of Business 2328 DESTINY WAY ODESSA, FL 33556			Mailing Address 2328 DESTINY WAY ODESSA, FL 33556																										
2. Principal Place of Business 2706 ALT 19 N Suite, Apt. #, etc. 250		3. Mailing Address 2706 ALT 19 N Suite, Apt. #, etc. 250																											
City & State PALM HARBOR, FL Zip 34683		City & State PALM HARBOR, FL Zip 34683		4. FEI Number 59-2912588																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PATEL, SANDIP I., ESQ. THE LAW OFFICES OF STEVEN W. MOORE 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VPD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEAU, PHILIPPE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2328 DESTINY WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ODESSA, FL 33556</td> <td></td> </tr> </table>			TITLE	VPD	<input type="checkbox"/> Delete	NAME	BEAU, PHILIPPE		STREET ADDRESS	2328 DESTINY WAY		CITY-ST-ZIP	ODESSA, FL 33556		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/04 (727) 7853338
Date Daytime Phone #