

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90115 013 ***550.00

DOCUMENT # P00000050227

1. Entity Name

ALAN SLOAN, INC.



Principal Place of Business

2828 CLARK RD., STE. 11
SARASOTA FL 34231

Mailing Address

2828 CLARK RD., STE. 11
SARASOTA FL 34231

34071838



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3250 ESPANOLA DR

3. Mailing Address

3250 ESPANOLA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

95-2903280

Applied For

Not Applicable

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

SLOAN, ALAN
2828 CLARK RD., STE. 11
SARASOTA FL 34231

Name

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

3746 TOLLEY PINES BLVD.

City

SARASOTA

FL

Zip Code

34238

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

Alan P. Sloan

9/3/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SLOAN, ALAN P
7277 VILLA D'ESTE DRIVE
SARASOTA FL 34238 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3746 TOLLEY PINES BLVD.
SARASOTA FL 34238. ☐ Delete

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

TITLE
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☐ Delete

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

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:

Alan P. Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/04

Date

927-6500

Daytime Phone #