


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90281 039 \*\*\*150.00

<b>DOCUMENT # P01000009095</b>		
1. Entity Name <b>ROBERT ALLI ENTERPRISES, INC.</b>		
Principal Place of Business <b>11625 WALSINGHAM RD. 7499 46<sup>th</sup> AVE N LARGO, FL 34648 ST PETE FL 33709</b>	Mailing Address <b>11625 WALSINGHAM RD. LARGO, FL 34648</b>	

94054600



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3696972</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

## 6. Name and Address of Current Registered Agent

**ALLI, ROBERT  
11625 WALSINGHAM RD.  
LARGO, FL 34648**

**DO NOT WRITE  
IN THIS SPACE**

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 *Dean Alli* *DEAN ALLI* *4-12-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	D ALLI, ROBERT 11625 WALSINGHAM RD. LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLI, DEAN 11625 WALSINGHAM RD. LARGO, FL 33778
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IN THIS SPACE**

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: *DEAN C. ALLI***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/04* *727-834-5800*  
Date Daytime Phone #