

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 004 ***150.00

DOCUMENT # P01000083529

1. Entity Name
**ALTAMONTE INVESTMENT CORPORATION OF
CENTRAL FLORIDA**



Principal Place of Business

**693 S. WYMORE ROAD
ALTAMONTE SPRINGS, FL 32714**

Mailing Address

**4420 FM 1960 WEST
STE 224
HOUSTON, TX 77068**

54065149



07172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3012418

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KEATING, JOHN K
749 N GARLAND AVE, SUITE 101
ORLANDO, FL 32801**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MALEMPATI, KRISHNA
244 E CEDAR DR
PIKEVILLE, KY 41501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MALEMPATI, SRIHARI
178 WALNUT DR
PIKEVILLE, KY 41501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACKMON, SAILAJA M
1506 N MARLIN DR
MARION, IN 46952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KEATING, JOHN K
749 N GARLAND AVE, SUITE 101
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #