2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 03, 2004 8:00 am Secretary of State

☐ Change

☐ Addition

| DOCUMENT # P01000106164 - Finish parties - ALTERNA PRODUCTS, INC. - Principal Place of Business - SSSB BROUNNY NIENLE - SIDE SIDE - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SUITE - Principal Place of Business - SSSB BROUNNY NIENLE - SSSB BROUNNY | ANNUAL REPORT | | | | | | Secretary of State | | | | |
|--|--|---|---------------------|----------------|--|----------------|--|----------------|------------|-------------------|--|
| Principal Place of Business SSSB BROADMAY AVENUE SUITE JACKSONVILLE, FI. 32254 Zp County Suite, April, etc. City & Saltes City & Suite Address (P.O. Box Number is Not Acceptable) Acceptable City FL Total Address (P.O. Box Number is Not Acceptable) Acceptable Fill Now/III FEE Is \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution MASHEK EDWARD R MASHER ACCESS AND DIRECTORS IT. AMADITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Time MASHER EDWARD R MASHER ACCESS CITY-SI-P TIME MASHER EDWARD R MASHER ACCESS CITY-SI-P TIME MASHER EDWARD R M | 1 | | | • | | | | | | | |
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| SSS BROADWAY AVENUE SUITE 1 MCKSONVILLE, FL 32254 2. Principal Place of Business 53.5 Ramon a Blvd Suite, Apr. 4 ctc. Suit | Principal Plac | e of Business | Mailing Address | | | | | | | | |
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| 2. Principal Flace of Business 535 Ramon & Bivd 622 South point Dr. S. Sulte, Apt. #, etc. Sulte, Ap | SUITE 1 | | | ., | | · | | 9408 | 199 | U | |
| Suite, Ant. 1 etc. Suite, Ant. 2 | JACKSONVILLE, FL 32254 | | · | 9 4 | | | | | | | |
| Suite, Apt. #, etc. Syte. 1 + 8 | | | 3. Mailing Address | int Dr | 5 | | | | | | |
| Steel | Suite, Apt. | #, etc | Suite, Apt. #, etc. | 711 UI. | - - | 04272004 | Cha-P | CB2F034 (| (10/03) | | |
| Country Country Country Country Country Country Se. 75 Additional Sec. | | | | | | | | | | nlied For | |
| Street Address (P.O. Box Number is Not Acceptable) | Jacks | sonville, FL | Jacksonville | FL | | | | | | | |
| S. Name and Address of Name and Address of Name BROWN, EVE 6622 SOUTHPOINT DRIVE SOUTH SUITE 495 JACKSONVILLE, FL 32216 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 Signatura, speed or prived name of inquired agent and the if applicable. INCITE Registered 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept the familiar with, and | | | Zip | Country | | 5. Certificate | of Status Desired | | | | |
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| City FL Zip Code | 6622 SOUTHPOINT DRIVE SOUTH | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 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 rearns of registered agent and 9th of applicable. INOTE: Registered Agent signature required when resistating) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MASHEK, EDWARD R SREET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2PP JACKSONVILLE, FL 32254 TITLE MAKE Delete TITLE MAKE SIRET ADDRESS CITY-ST-2PP JACKSONVILLE, FL 32216 Delete TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE MAKE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE MAKE MAKE MAKE MAKE MAKE SIRET ADDRESS CITY-ST-2PP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK |) | | | | | ·- <u>-</u> | | | | | |
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| SIGNATURE Signature, typed or primed rams of registered agent and time if applicable. (NOTE: Registered Agent signature reclaimed when reincitating) PILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees | | | | | | | | | and accept | | |
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

| SIGNATURE: * Onetal Colson VP 4/2/04 | 964 78 | (6.118) |
|--|--------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

☐ Delete