




2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90445 022 ***150.00

DOCUMENT # P01000112534 1. Entity Name ALLUMINATIONS, INC.					
Principal Place of Business 8521 CYPRESS DRIVE SOUTH FT. MYERS, FL 33912			Mailing Address 3660 B CENTRAL AVE FORT MYERS, FL 33901		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04232004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1157059				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATLAND, RUDOLPH K 12995 S. CLEVELAND AVE., STE. 107 FT. MYERS, FL 33907				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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<div style="display: flex; justify-content: space-between;"> <div> <p>P</p> <p>HALLE, MORGAN</p> <p>8521 CYPRESS DRIVE SOUTH</p> <p>FT. MYERS, FL 33912</p> </div> <div> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p>PSTB</p> <p>Diles, Sharon</p> <p>8521 Cypress Drive South</p> <p>Ft. Myers, FL 33912</p> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p>S</p> <p>DILES, SHARON L</p> <p>8521 CYPRESS DRIVE SOUTH</p> <p>FT. MYERS, FL 33912</p> </div> <div> <input type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p>D</p> <p>Halle, Morgan</p> <p>8521 Cypress Drive South</p> <p>Ft. Myers, FL 33912</p> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p>T</p> <p>WALKOWICZ, ALFRED R</p> <p>8521 CYPRESS DRIVE SOUTH</p> <p>FT. MYERS, FL 33912</p> </div> <div> <input checked="" type="checkbox"/> Delete </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p>D</p> <p>Diles, Creighton</p> <p>8521 Cypress Drive South</p> <p>Ft. Myers, FL 33912</p> </div> <div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Delete</p> </div> <div> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div> </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div> </div>	
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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.					
SIGNATURE:  4.25.04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					