2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# P02000060359

Entity Name: ALASKA FAMILY, INC

Current Principal Place of Business:

3115 SW MARTIN DOWNS B
PALM CITY, FL 34990

New Principal Place of Business:

3011 SW MARTIN DOWNS B
PALM CITY, FL 34990

Current Mailing Address:

3115 SW MARTIN DOWNS B
PALM CITY, FL 34990

New Mailing Address:

3011 SW MARTIN DOWNS B
PALM CITY, FL 34990

FEI Number: 01-0708555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLEOD, CECIL F
3115 SW MARTIN DOWNS B
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MCLEOD, CECIL F
3011 SW MARTIN DOWNS B
PALM CITY, FL 34990 US

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.

SIGNATURE: CECIL F. MCLEOD 10/21/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLEOD, LUCINDA
Address: 3115 SW MARTIN DOWNS B
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete
Name: MCLEOD, CECIL
Address: 3115 SW MARTIN DOWNS B
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCLEOD, LUCINDA
Address: 3011 SW MARTIN DOWNS B
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change ( ) Addition
Name: MCLEOD, CECIL
Address: 3011 SW MARTIN DOWNS B
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCINDA M. MCLEOD P 10/21/2004
Electronic Signature of Signing Officer or Director Date