2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
03-19-2004 90037 030 ***150.00

DOCUMENT # P02000080512

1. Entity Name
ALTAMONTE G & M, INC.

66410878

Principal Place of Business	Mailing Address
1855 SWEETWATER W. CIR. APOPKA, FL 32712	1855 SWEETWATER W. CIR. APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

03142004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1618933
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIPPARD, WILLIAM H
1855 SWEETWATER WEST CIRCLE
APOPKA, FL 32712

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: William H Rippard III 2/10/04
Signature, type 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	SD
NAME	RIPPARD, WILLIAM H
STREET ADDRESS	1855 SWEETWATER WEST CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: William H Rippard III 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM H. RIPPARD III Date Daytime Phone #

Attachment

166410878
#P02000080512

Altamonte G & M Inc operating Acc

63-886/631-044

107

DATE 2/6/04

PAY TO THE ORDER OF Florida Dept of State Div. of Corporations $ 150.00

One Hundred fifty dollars & 00/100 DOLLARS

Republic Bank
Proud To Serve You

BELLEAIR BLUFFS OFFICE
401 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FLORIDA 33770
1-800-MY BANK 1

FOR [redacted]

[redacted] Mark Roberts MP

GUARDIAN

Security Enhanced Document. See back for details.

PHILLIPS CONNER AND JOHNSON, INC.
PH. 407-262-1620
P.O. BOX 300279
FERN PARK, FL 32730-0279

848

63-1403/631
03

DATE 2/6/04

PAY TO THE ORDER OF Florida Dept of State Div of Corps. $ 150.00

One Hundred fifty Dollars 00/100 DOLLARS

1st FIRST NATIONAL BANK POLK COUNTY
FIRST IN SERVICE

FOUR CORNERS OFFICE
100 POLO PARK EAST BLVD.
DAVENPORT, FL 33897

FOR [redacted]

[redacted] Mark Roberts MP

GUARDIAN ® SAFETY