

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90067 030 ***158.75

DOCUMENT # P03000109089					
1. Entity Name ALEX AND ELVIN ENTERPRISES INC.					
Principal Place of Business 5208 TURNPIKE FEEDER RD FORT PIERCE, FL 34951			Mailing Address 5208 TURNPIKE FEEDER RD FORT PIERCE, FL 34951		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3131651	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PAVLYSHIN, ALEX J 441 S.W. TODD AVENUE PORT ST. LUCIE, FL 34983			7. Name and Address of New Registered Agent Name 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAVLYSHIN, ALEX 411 S.W. TODD AVENUE PORT ST. LUCIE, FL 34983 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VP Pavlyshin, Alex 441 S. W. Todd Avenue Port St. Lucie, FL 34983 ☒ Change address ☒ Addition vp	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAVLYSHIN, PATRICIA R 411 S.W. TODD AVENUE PORT ST LUCIE, FL 34983 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Pavlyshin, Patricia 441 S.W. Todd Avenue Port St. Lucie, FL 34983 ☒ Change address ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEMANY, ELVIN 5460 N.W. MOORHEN TRAIL #105 PORT ST. LUCIE, FL 34986 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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04082004 Chg-P CR2E034 (10/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:  **Patricia R. Pavlyshin ST April 12, 2004 772-871-6259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #