2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000128600

1. Entity Name

ALFRED A. E INC.							
Principal Place of	Business	Mailing Address					
1705 MAGNOLI DELAND FL 321		1705 MAGNOLIA AVENUE DELAND FL 32724					
2. Principal Place	of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
•	6. Name and Address of C	urrent Registered Agent					
			Name				

FILED Mar 25, 2004 8:00 am Secretary of State 03-25-2004 90022 005 ***150.00

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·			Mailing Address	-					
1705 MAGNOLIA AVENUE DELAND FL 32724		DELAND FL 32724	1705 MAGNOLIA AVENUE DELAND FL 32724						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	MOORE CR2E034 (11/03)			
City & State		City & State	City & State		4.	FEI Number	/ LA	pplied For	
Zip Country		Zip Country		+-	20-042931	N \$8.75 Ad	ot Applicable		
					5.	Certificate of Status Desired	Fee Require		
	6. Name	and Address of Curren	t Registered Agent		Nome	7.	Name and Address of New Register	ed Agent	
BRIAND, NANCY L 1705 MAGNOLIA AVENUE DELAND FL 32724				Name					
				,		Street Address (P.O. Box Number is Not Acceptable)			
				City				Zip Coo	de
P. The above	named entity	aubmits this statement	for the purpose of phonoine it		and affine as series		gent, or both, in the State of Florida. I	_	
the obligat	tions of registe	ered agent.	tor the purpose of changing is	s register	ed dince of regis	stered ag	gent, or both, in the State of Florida.	am tamiliar with	, and accept
SIGNATURE .									
OIGNATORE.	Signature, typed o	or printed name of registered age	nt and title if applicable. (NO)	E. Registere	ed Agent signature requ	nred when r	reinstating) DA	re	
		FEE IS \$150.00					9. Election Campaign Financing	95 (OO May Be
Action 1		4 Fee will be \$550.00 Florida Department	- M G				Trust Fund Contribution.		d to Fees
10.		OFFICERS AN		11.		ΔΓ	L DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11
TITLE	D	3111021101111	☐ Delete	TITL		7 40.	SOMEONO POLITICADO	☐ Change	Addition
NAME			NAM		_			_ •	_
STREET ADORESS CITY-ST-ZIP		NOLIA AVENUE		STREET ADDRESS CITY-ST-ZIP					
TITLE	DELAND FL 32724		☐ Delete	TITL				Change	Addition
NAME			T Delete	NAME				L. Strange	☐ Addition
STREET ADDRESS 1705 MAGNOLIA AVENUE			STREET ADDRESS						
CITY-ST-ZIP	DELAND FI	L 32724		_	r-ST-ZIP				
TITLE NAME	D BRIAND, AI	DAM A	Delete	TITL NAM			•	☐ Change	Addition
STREET ADDRESS	1	NOLIA AVENUE		1	EET ADDRESS			•	•
CITY-ST-ZIP	DELAND FI	32724		CITY	f-ST-ZIP				
TITLE			☐ Delete	ĬΠL				☐ Change	☐ Addition
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CITY-ST-ZIP					EET ADDRESS (-ST-ZIP				
TITLE			☐ Delete	TITL	Ē			☐ Change	☐ Addition
NAME				NAM	IE			_ •	
STREET ADDRESS CITY-ST-ZIP				1	EET ADDRESS (-ST-ZIP				
TITLE	-		Delete	TITL			···	Change	Addition
NAME			FT Delete	NAN	i			□ ouende	☐ Addition
STREET ADDRESS			•		EET ADDRESS				
CITY-ST-ZIP			11 A 1 20		/-ST-ZIP	.			
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r nereby 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:

NANCY L. BRiand