

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149419

Entity Name: ALONZO CASHMAN INC.

FILED  
May 05, 2004  
Secretary of State

## Current Principal Place of Business:

320 SW COUNTY RD 138  
FT WHITE, FL 32038

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1231  
HIGH SPRINGS, FL 32655

## New Mailing Address:

FEI Number: 75-3140764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASHMAN, ALONZO  
320 SW COUNTY RD 138  
FT WHITE, FL 32038

## Name and Address of New Registered Agent:

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:

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: PD ( ) Delete  
Name: CASHMAN, ALONZO  
Address: P.O. BOX 1231  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: VD ( ) Delete  
Name: LINS, KIM  
Address: P.O. BOX 1231  
City-St-Zip: HIGH SPRINGS, FL 32655

Title: SD ( ) Delete  
Name: CALLAHAN, JENNI  
Address: P.O. BOX 1231  
City-St-Zip: HIGH SPRINGS, FL 32655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALONZO CASHMAN

PD

05/05/2004

Electronic Signature of Signing Officer or Director

Date