

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90075 049 ***150.00

DOCUMENT # P03000152988

1. Entity Name
ALESCH & SONS, INC.



Principal Place of Business
**2611 COBBLESTONE FOREST CIRCLE E.
JACKSONVILLE, FL 32225 US**

Mailing Address
**2611 COBBLESTONE FOREST CIRCLE E.
JACKSONVILLE, FL 32225 US**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number **04-3781428** Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALESCH, KEVIN
2611 COBBLESTONE FOREST CIRCLE E.
JACKSONVILLE, FL 32225**

**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

Kevin Alesch

Dwhever

4/9/07

Signature, typed 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ALESCH, KEVIN**
STREET ADDRESS **2611 COBBLESTONE FOREST CIRCLE E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Shalene Alesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

Date

Daytime Phone #

904 642-0430