2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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

04062008 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

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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 4/18/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000908781
05/06/08 00045 002 150.00

10. OFFICERS AND DIRECTORS

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

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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: Kevin Alesch 4/18/08 (904) 642-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kevin Alesch