

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

c/No. 2567

DOCUMENT # P93000019954

1. Entity Name
ALMAG ENTERPRISES, INC.



Principal Place of Business
4425 PLEASANT HILL RD.
KISSIMMEE, FL 34746 US

Mailing Address
4425 PLEASANT HILL RD.
KISSIMMEE, FL 34746 US



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3172320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, ALLAN R
736 YUCATAN CT.
KISSIMMEE, FL 34758

**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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
COLLINS, ALLAN R
736 YUCATAN CT.
KISSIMMEE, FL 34758

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
COLLINS, MARGARET J
736 YUCATAN CT.
KISSIMMEE, FL 34758

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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1100000312763
114/18/05-80099-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 in 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:

M. J. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15th April 2005. 407-847-8015

Date

Daytime Phone #