2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000020844

1. Entity Name
MEGALODON, INC.

Principal Place of Business	Mailing Address
9447 COVENTRY LAKE COURT WEST PALM BEACH, FL 33411 US	9447 COVENTRY LAKE COURT WEST PALM BEACH, FL 33411 US

02152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0735500
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTEN, STEVEN R
9447 COVENTRY LAKE COURT
WEST PALM BEACH, FL 33411

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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 _____ 3/4/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALTEN, STEVEN R
STREET ADDRESS	9447 COVENTRY LAKE COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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05/05/04-80051-012 150.00

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12. I hereby 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: _____ 4/23/04 561-798-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #