

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90010 041 \*\*\*150.00

<b>DOCUMENT # P97000061675</b> 1. Entity Name <b>ALLTEX PALMS, INC.</b>					
Principal Place of Business <b>PALM COURT MOTEL</b> <b>2090 BAYSHORE BLVD</b> <b>DUNEDIN, FL 34698 US</b>			Mailing Address <b>PALM COURT MOTEL</b> <b>2090 BAYSHORE BLVD</b> <b>DUNEDIN, FL 34698 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07262004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3470005</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PALM COURT MOTEL</b> <b>2090 BAYSHORE BLVD</b> <b>DUNEDIN, FL 34698</b>			Name <b>HOGG, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>Palm Court Motel</b> <b>2090 Bayshore Blvd</b> City <b>Dunedin</b> <b>FL</b> Zip Code <b>34698</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>30 Aug 04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOGG, DAVID</b> <b>2090 BAYSHORE BLVD, APT 19</b> <b>DUNEDIN, FL 34698</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST</b> <b>HOGG, DAVID</b> <b>2090 Bayshore Blvd.</b> <b>Dunedin, FL 34698</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>30 Aug 04 (10:11)</b> Daytime Phone # <b>736-0441</b>		