

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 018 ***550.00

DOCUMENT # P97000063689



1. Entity Name
ALESSI CONCESSIONAIRES, INCORPORATED

Principal Place of Business

**2909 W. CYPRESS ST.
TAMPA, FL 33609**

Mailing Address

**2909 W. CYPRESS ST.
TAMPA, FL 33609**

2. Principal Place of Business

1312 W. ALICIA

3. Mailing Address

1312 W. ALICIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09152004

Chg-P

CR2E034 (10/03)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3475268

Applied For

☐ Not Applicable

Zip

33604

Country

US

Zip

33604

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALESSI, PHILIP JR.
2909 W. CYPRESS ST. X
TAMPA, FL 33609 X**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1312 W. ALICIA

City

TAMPA

FL

Zip Code

33604

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)

09/15/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALESSI, PHILIP**
STREET ADDRESS **2909 W. CYPRESS ST.**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ALESSI, PHILIP JR.**
STREET ADDRESS **1312 W. ALICIA**
CITY-ST-ZIP **TAMPA, FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 titles empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/04 (P13) 927-0501

Date

Daytime Phone #