

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90004 009 ***150.00

DOCUMENT # P97000071313

1. Entity Name

ALGER DISTRIBUTORS, INC.



Principal Place of Business

516 SE 47TH TERR., UNIT 2
CAPE CORAL FL 33904

Mailing Address

516 SE 47TH TERR., UNIT 2
CAPE CORAL FL 33904

2. Principal Place of Business

101 S.W. 51st Street
Suite, Apt. #, etc.

3. Mailing Address

101 S.W. 51st Street
Suite, Apt. #, etc.

City & State

CAPE CORAL, FLA.

City & State

CAPE CORAL, FLA.

4. FEI Number

65-0775400

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARALDI, ALFRED
516 SE 47TH TERR., UNIT 2
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

101 S.W. 51st Street

City

CAPE CORAL

FL

Zip Code

33914

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PARALDI, ALFRED
STREET ADDRESS 516 SE 47TH TERR., UNIT 2
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE DST ☐ Delete
NAME PARALDI, GERALDINE
STREET ADDRESS 516 SE 47TH TERR., UNIT 2
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 101 S.W. 51st Street
CITY-ST-ZIP 33914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 101 S.W. 51st Street
CITY-ST-ZIP 33914

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/04 (388) 945-1331