


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P98000038881 1. Entity Name A.L.T. ENTERPRISES, INC. |  |
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| Principal Place of Business POST OFFICE BOX 66002 ST PETERSBURG BEACH, FL 33736 | Mailing Address POST OFFICE BOX 66002 ST PETERSBURG BEACH, FL 33736 |
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3507178 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent TURNER, LISA A 7108 DATE PALM AVENUE SOUTH ST PETERSBURG, FL 33707 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS TURNER, A. ARTHUR 7108 DATE PALM AVENUE SOUTH SAINT PETERSBURG, FL 33707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT TURNER, LISA A 7108 DATE PALM AVENUE SOUTH ST PETERSBURG, FL 33707 |
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03/28/05-80012-021 150.00

**DO NOT WRITE
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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)(f), 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: Lisa A. Turner 34-05729-343-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #