


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000051449	
1. Entity Name GEORGE ALDERINK INC.	



02172004 No Chg-P CR2E034 (10/03)

Principal Place of Business 8414 EVERGREEN AVE. BROOKSVILLE, FL 34613	Mailing Address 8414 EVERGREEN AVE. BROOKSVILLE, FL 34613
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3515985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALDERINK, DONNA J 8414 EVERGREEN AVE. BROOKSVILLE, FL 34613

DO NOT WRITE IN THIS SPACE

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** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000058264 02/20/04 80022 010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALDERINK, GEORGE SR 8414 EVERGREEN AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALDERINK, DONNA 8414 EVERGREEN AVENUE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Donna Alderink</i>	<i>Donna Alderink</i>	<i>2/17/2004</i>	<i>352</i> <i>597 5446</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

only phone w/ answer