

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90032 011 ***150.00

DOCUMENT # P98000051449					
1. Entity Name GEORGE ALDERINK INC.					
Principal Place of Business 8414 EVERGREEN AVE. BROOKSVILLE, FL 34613			Mailing Address 8414 EVERGREEN AVE. BROOKSVILLE, FL 34613		
2. Principal Place of Business 7361 S. Irma Pt Suite, Apt. #, etc.		3. Mailing Address 7361 S. Irma Pt Suite, Apt. #, etc.		50007176 	
City & State Lecanto FL		City & State Lecanto FL		4. FEI Number 59-3515985	
Zip 34461		Country Citrus		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			7. Name and Address of New Registered Agent Name: George Alderink Jr Street Address (P.O. Box Number is Not Acceptable) 7361 S. IRMA Pt. City: Lecanto FL Zip Code: 34461		
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: <u>Donna J Alderink</u> <u>Donna J Alderink</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ALDERINK, GEORGE SR STREET ADDRESS 8414 EVERGREEN AVE CITY-ST-ZIP BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALDERINK, DONNA STREET ADDRESS 8414 EVERGREEN AVENUE CITY-ST-ZIP BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREASURER NAME Alderink, George Jr STREET ADDRESS 7361 S. Irma Pt. CITY-ST-ZIP Lecanto FL 34461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input 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: <u>Donna J Alderink</u> <u>Donna J Alderink</u> <u>1/24/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					