


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000022733	
1. Entity Name <b>ALE HOUSE FRANCHISING, INC.</b>	

Principal Place of Business <b>2161 PALM BEACH LAKES BLVD. SUITE 403 WEST PALM BEACH, FL 33409</b>	Mailing Address <b>2161 PALM BEACH LAKES BLVD. SUITE 403 WEST PALM BEACH, FL 33409</b>
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02232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0933863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PREEFER, JAY  
2161 PALM BEACH LAKES BLVD.  
SUITE 403  
WEST PALM BEACH, FL 33409**

**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 registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000094890  
03/24/04-80009-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>PREEFER, JAY C</b>
NAME	
STREET ADDRESS	<b>2161 PALM BEACH LAKES BLVD #403</b>
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33409</b>
TITLE <b>D</b>	<b>PREEFER, RICHARD</b>
NAME	
STREET ADDRESS	<b>2161 PALM BEACH LAKES BLVD #403</b>
CITY - ST - ZIP	<b>WEST PALM BEACH, FL 33409</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard Preefer - Director* 3/15/04 561-689-7206