2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000027124

1. Entity Name
ALTA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10500 UNIVERSITY CENTER DRIVE SUITE 143 TAMPA, FL 33612	10500 UNIVERSITY CENTER DRIVE SUITE 143 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3580984

Applied For
Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALLOTTA, PETER C
10500 UNIVERSITY CENTER DRIVE
1700
TAMPA, FL 33612

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000122915
04/21/04-80048-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BALLOTTA, PETER C
STREET ADDRESS	10500 UNIVERSITY CENTER DRIVE, SUITE 143
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	DV
NAME	WILSON, PETER G
STREET ADDRESS	10500 UNIV. CENTER DR., SUITE 143
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	DV
NAME	TOBI, JOSEPH C
STREET ADDRESS	10500 UNIV. CENTER DR., SUITE 143
CITY-ST-ZIP	TAMPA, FL 33612
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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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: _____ PRES. 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #