


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000089766	
1. Entity Name ALCEE INDUSTRIES, INC.	

Principal Place of Business REGENCY SQUARE 500 E. SEMOLAN BLVD STE 25 CASSELBERRY, FL 32707	Mailing Address 6480 METRO WEST BLVD SUITE 902 ORLANDO, FL 32835
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03132004 No Chg-P CR2EQ34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603116	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 MEHTA, ASHWIN A 6480 METRO WEST BLVD SUITE 902 ORLANDO, FL 32825
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**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 _____ (NOTE: Registered Agent signature required when re-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**

**U000000090214
03/17/04-80009-013 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MEHTA, ASHWIN A 6480 METRO WEST BLVD SUITE 902 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEHTA, J A 6480 METRO WEST BLVD SUITE 902 ORLANDO, FL 32835
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-04 407-468-4573

Date Daytime Phone #