## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000092062

VALBUENA, JULIAN

JACKSONVILLE, FL 322414668

P O BOX 24668

Name:

Address:

City-St-Zip:

Entity Name: ALTERATIONS PLUS OF JACKSONVILLE, INC.

FILED Apr 08, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5943 ARLINGTON ROAD NORTH JACKSONVILLE, FL 32211 **New Mailing Address: Current Mailing Address:** P O BOX 24668 JACKSONVILLE, FL 32241 FEI Number: 59-3600489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNANDEZ, MEREDITH A 3617 CROWN POINT ROAD JACKSONVILLE, FL 32257 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VALBUENA, CLARA Name: Name: P O BOX 24668 Address: Address: City-St-Zip: JACKSONVILLE, FL 322414668 City-St-Zip: Title: VSTD Title: () Change () Addition () Delete

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN VALBUENA VST 04/08/2004