


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S16985</b>	
1. Entity Name ALTAMONTE BAY HOLDINGS, INC.	

Principal Place of Business C/O MICHAEL R. LANG 1860 OLD OKEECHOBEE ROAD #508 WEST PALM BEACH, FL 33409	Mailing Address C/O MICHAEL R. LANG 1860 OLD OKEECHOBEE ROAD #508 WEST PALM BEACH, FL 33409
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**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0230931	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LANG, MICHAEL R.  
1860 OLD OKEECHOBEE ROAD  
#508  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000103936 04/05/04-80080-006 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANG, MICHAEL R. 1860 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOK, RUTH E 1860 OLD OKEECHOBEE RD #508 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PIOTRASCHKE, TERR F 1860 OLD OKEECHOBEE RD 508 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE 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: Ruth E. Cook Ruth E. Cook, Treasurer 3/31/04 561-684-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #