


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # S16985 1. Entity Name ALTAMONTE BAY HOLDINGS, INC.	
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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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03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. 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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000855637 03/27/08-80057-025 158.75
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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 exemptions contained in Chapter 119, 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: <u>Michael R. Lang Pres</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>7 Mar 08</u> Date	<u>561-684-2227</u> Daytime Phone #
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