

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90341 034 ***150.00

DOCUMENT # S31996

1. Entity Name
ALGER C. ADDISON, INC.



Principal Place of Business

**106 COMMERCE ST
108
LAKE MARY, FL 32746 US**

Mailing Address

**106 COMMERCE ST
108
LAKE MARY, FL 32746 US**

2. Principal Place of Business

P.O. Box 952738

3. Mailing Address

P.O. Box 952738

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

Zip

32795

Country

USA

Zip

32795

Country

USA

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3050494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADISON, ALGER C
106 COMMERCE ST #108
LAKE MARY, FL 32-7465**

7. Name and Address of New Registered Agent

Name **ADDISON, ALGER C.**

Street Address (P.O. Box Number is Not Acceptable)

1909 WINGFIELD DR.

City

LONGWOOD

FL

Zip Code

32719

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

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ADDISON, A CHRIS**
STREET ADDRESS **106 COMMERCE ST #108**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VP** ☒ Delete
NAME **ADDISON, LIBBY R**
STREET ADDRESS **106 COMMERCE ST #108**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ADDISON, ALGER C.**
STREET ADDRESS **1909 WINGFIELD DR.**
CITY-ST-ZIP **LONGWOOD, FL 32719**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ADDISON, ALGER C. **4/27/04** **407-466-7608**