


# FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # J92670</b> 1. Entity Name <b>ALPHA WELDING SERVICE, INC.</b>			<b>FILED</b> <b>11 JAN 18 PM 3:20</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1011 MALTBY AVENUE ORLANDO, FL 32803		Mailing Address 1011 MALTBY AVENUE ORLANDO, FL 32803	
2. Principal Place of Business <b>1011 MALTBY AVENUE</b>		3. Mailing Address <b>1011 MALTBY AVENUE</b>	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
4. FEI Number <b>59-2849171</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARKER, JODY</b> <b>1011 MALTBY AVENUE</b> <b>ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name <b>Jody BARKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1011 MALTBY AVENUE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32803</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>BARKER, JODY</b> <b>1011 MALTBY AVENUE</b> <b>ORLANDO, FL 32803</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<del>01/18/11--01057--002 **150.00</del>  <b>300191772183</b> <b>01/18/11--01057--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u>Jody Barker</u>		<u>1-13-11</u> <u>407 896-4222</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	