

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 043 ***150.00

DOCUMENT # P00000048345
 1. Entity Name
 ALPHA PAVING & SEALCOATING, INC.



Principal Place of Business: 2816 CROTON RD, APOPKA, FL 32703
 Mailing Address: 2816 CROTON RD, APOPKA, FL 32703

94066108



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: 59-3645398
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 BALCOM, TROY
 2816 CROTON RD
 APOPKA, FL 32703

7. Name and Address of New Registered Agent
 Name: Darrell H. Chapman III
 Street Address (P.O. Box Number is Not Acceptable): 2816 Croton Rd
 City: APOPKA FL Zip Code: 32708

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] DATE: 4/17/04
 (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BALCOM, TROY	
STREET ADDRESS	2816 CROTON RD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	STD1	<input type="checkbox"/> Delete
NAME	CHAPMAN, DARRELL H	
STREET ADDRESS	2816 CROTON RD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPMAN, DARRELL H III	
STREET ADDRESS	2816 CROTON RD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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.

SIGNATURE: [Signature] DATE: Darrell Chapman 4/17/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #