


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Mar 24, 2004 08:00 AM
Secretary of State

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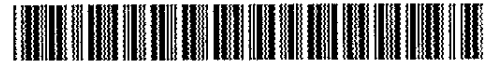
1. Entity Name
ALPHA CONSTRUCTION SERVICES, INC.



Principal Place of Business
462 KINGSLEY AVENUE
SUITE 101
ORANGE PARK, FL 32073

Mailing Address
4747 CRESCENT STREET
JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1160794

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR.
462 KINGSLEY AVENUE
SUITE 101
ORANGE PARK, FL 32073

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

U00000095260
03/24/04-80825-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARREN, DEBRA V
STREET ADDRESS	4747 CRESCENT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	VP
NAME	WARREN, RANDY L
STREET ADDRESS	4747 CRESCENT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Randy L Warren** 3-23-04 904-563-2405

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