


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-02-2004 90073 031 ***550.00

DOCUMENT # P03000050842

1. Entity Name
ALPHA ROOFING INC



Principal Place of Business
**327 N DUNCAN AVE
 CLEARWATER, FL 33755**

Mailing Address
**327 N DUNCAN AVE
 CLEARWATER, FL 33755**

bb433764



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59 200 4427

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**WALKER, GARY
 327 N DUNCAN AVE
 CLEARWATER, FL 33755**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering)

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, GARY	
STREET ADDRESS	327 N DUNCAN AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MC GEE, MARC	
STREET ADDRESS	327 N DUNCAN AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MC GEE, BRIAN	
STREET ADDRESS	327 N DUNCAN AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
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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)(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: Gary Walker Date: 8-28-04 Daytime Phone #: 707 447-3189

GARY WALKER