

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075431

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ALPHA-FLORIDA ENTERPRISE, INC.

**Current Principal Place of Business:**

2677 CHATHAM CIRCLE  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2677 CHATHAM CIRCLE  
KISSIMMEE, FL 34746

**New Mailing Address:**

626 LAKE DAVENPORT BLVD  
DAVENPORT, FL 33897

FEI Number: 30-0192734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COHN, SCOTT E ESQ.  
315 SE 7TH STREET  
SECOND FLOOR  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMPBELL-COMBE, DAVID  
Address: 2677 CHATHAM CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CAMPBELL-COMBE, DAVID  
Address: 626 LAKE DAVENPORT BLVD  
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CAMPBELL-COMBE

MR

04/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date