


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90053 006 ***150.00

DOCUMENT # P06000011933			
1. Entity Name ALPHA AUTOMOTIVE SALES INC			
Principal Place of Business 857 EAST IRLO BRONSON MEMORIAL HIGHWAY SAINT CLOUD, FL 35772 34769		Mailing Address 857 EAST IRLO BRONSON MEMORIAL HIGHWAY SAINT CLOUD, FL 35772 34769	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34769 Country		Zip 34769 Country	
4. FEI Number 20-4164193		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN DONGEN, WILLIAM 1738 KING EDWARD DR KISSIMMEE, FL 34744		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: <u>William B Van Dongen</u> William B Van Dongen 04-28-07 Signature, typed or printed name of registered agent, and the 4 app code. NOTE: Registered Agent signature needs not attach to filing. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE: P	NAME: VAN DONGEN, WILLIAM	TITLE:	NAME:
STREET ADDRESS: 857 EAST IRLO BRONSON MEMORIAL HWY	CITY-STATE-ZIP: SAINT CLOUD, FL 34772	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE: VP	NAME: VAN DONGEN, MARGURITE	TITLE:	NAME:
STREET ADDRESS: 1738 KING EDWARD DR	CITY-STATE-ZIP: KISSIMMEE, FL 34744	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-STATE-ZIP:	STREET ADDRESS:	CITY-STATE-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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: <u>Marquerite Van Dongen</u>		SIGNATURE: <u>Marquerite Van Dongen</u> 407-957-7685	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		DATE	