


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000120989**

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  
 03/24/04-80025-004 158.75

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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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 Lee WARREN** 3-23-04 904-563-2405

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