


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90285 049 \*\*\*150.00

DOCUMENT # P04000139797		
1. Entity Name ALPHAGEO CONSULTING ENGINEERS, INC.		

Principal Place of Business <del>601 WEST WEBSTER AVENUE</del> <del>WINTER PARK, FL 32789</del>	Mailing Address <del>601 WEST WEBSTER AVENUE</del> <del>WINTER PARK, FL 32789</del>
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40065336



2. Principal Place of Business 422 WEST FAIRBANKS AVE	3. Mailing Address 422 WEST FAIRBANKS AVE
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202

04212005 Chg-P CR2E034 (10/03)

City & State WINTER PARK, FL.	City & State WINTER PARK, FL.
Zip 32789	Country USA

4. FEI Number 59-3078821	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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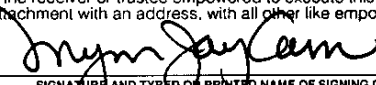
6. Name and Address of Current Registered Agent  CARSON, MYRON J 641 MULBERRY AVENUE CELEBRATION, FL 34747
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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: 	MYRON JAY CARSON	April 21, 2005

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CARSON, MYRON J 641 MULBERRY AVENUE CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARRY, DONALD W P.E. 819 FIRST STREET ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	MYRON JAY CARSON (407) 599-5820