

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90045 003 ***150.00



02022004 Chg-P CR2E034 (10/03)

DOCUMENT # 548773
1. Entity Name
ALPHA CHEMICAL & JANITORIAL SUPPLY, INC.

Principal Place of Business **Mailing Address**
 961 3RD AVENUE NORTH 961 3RD AVENUE NORTH
 NAPLES, FL 34102 NAPLES, FL 34102

2. Principal Place of Business **3. Mailing Address**
 6175 Shirley St. 6175 Shirley St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Naples, Fla. Naples Fla.

Zip **Country** **Zip** **Country**
 34109 Collier 34109 Collier

4. FEI Number **Applied For**
 59-1772338 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERENZA, WILLIAM
 1673 MANDARIN RD.
 NAPLES, FL 34102

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 William R. Ferenza DATE 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP FERENZA, WILLIAM 1673 MANDARIN RD. NAPLES, FL 34102 <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	ST FERENZA, ANDRA 1673 MANDARIN RD. NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: William R. Ferenza **WILLIAM FERENZA** 2/10/04 239-594-3515
Signature and typed or printed name of signing officer or director Date Daytime Phone #