2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 649619

1. Entity Name
WILLIAM ALVINE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1275 BENNETT DRIVE	1275 BENNETT DRIVE
SUITE 108	SUITE 108
LONGWOOD, FL 32750 US	LONGWOOD, FL 32750 US

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
22-2288786	Not Applicable

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

6. Name and Address of Current Registered Agent

ALVINE JR, WILLIAM
1817 NORTH STREET
LONGWOOD, FL 32750

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   *OFFICERS AND DIRECTORS*

TITLE	PSTD
NAME	ALVINE, WILLIAM JR.
STREET ADDRESS	1817 NORTH STREET
CITY-ST-ZIP	LONGWOOD, FL 32750

U000000197397
01/27/05-80008-021 150.00

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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)(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 ALVINE JR._   1/24/05   (407)339-3473

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