



FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 649619 1. Entity Name WILLIAM ALVINE ASSOCIATES, INC.			
Principal Place of Business 1275 BENNETT DRIVE SUITE 108 LONGWOOD, FL 32750 US		Mailing Address 1275 BENNETT DRIVE SUITE 108 LONGWOOD, FL 32750 US	
DO NOT WRITE IN THIS SPACE			
		 01112008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 22-2288786 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 ALVINE JR, WILLIAM 1817 NORTH STREET LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD ALVINE, WILLIAM JR. 1817 NORTH STREET LONGWOOD, FL 32750		
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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: <i>William Alvine Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/19/06 (407) 339-3473 Date Daytime Phone #	