

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 649619

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** WILLIAM ALVINE ASSOCIATES, INC.

**Current Principal Place of Business:**

1275 BENNETT DRIVE  
SUITE 108  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

1275 BENNETT DRIVE  
SUITE 108  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 22-2288786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVINE JR, WILLIAM  
1817 NORTH STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ALVINE, WILLIAM JR.  
Address: 1817 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ALVINE JR. \_\_\_\_\_

PSTD

01/03/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date