

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90560 020 ***158.75

DOCUMENT # F01000002359

1. Entity Name
**ALPHA CONSTRUCTION AND ENGINEERING
CORPORATION**



Principal Place of Business
**21351 RIDGETOP CIRCLE, SUITE 200
DULLES, VA 20166**

Mailing Address
**21351 RIDGETOP CIRCLE, SUITE 200
DULLES, VA 20166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-P CR2E034 (10/03)

4. FEI Number
52-1162258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKR, HYTHAM
240 N. WASHINGTON BLVD, SUITE 308
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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.

Judith B. Argao
Asst. Secretary & V. President

SIGNATURE *[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 ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCST
LINDSEY, JEFFREY W P.E.
21351 RIDGETOP CIRCLE, SUITE 200
DULLES, VA 20166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ANGELIDES, PHILOS P.E.
21351 RIDGETOP CIRCLE, SUITE 200
DULLES, VA 20166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINDSEY, KATE
12630 THREE SISTERS ROAD
POTOMAC, MD 20854** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillos Angelides, P.E. Sr. V.P.

Date

4-11-05 703 450-0800

Daytime Phone #