

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12664

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ALPHA INDUSTRIAL SUPPLIES, INC.

**Current Principal Place of Business:**

1810 NORTH 25TH STREET  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 75465  
TAMPA, FL 33675 US

**New Mailing Address:**

**FEI Number:** 59-2049976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACK, PETER A  
1810 N. 25TH ST.  
TAMPA, FL 33605 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: CHAR  
Name: BLACK, PETER A  
Address: 12605 STILLWATER TERR.  
City-St-Zip: TAMPA, FL 33602

Title: VSD  
Name: BLACK, SARALEE  
Address: 12605 STILLWATER TERR.  
City-St-Zip: TAMPA, FL 33602

Title: PRES  
Name: BLACK, MICHAEL J  
Address: 3117 W KNIGHTS AVE  
City-St-Zip: TAMPA, FL 33611

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: PETE BLACK

CHAR

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date