
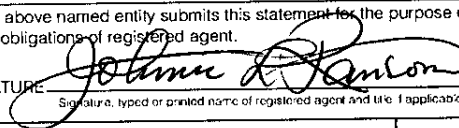
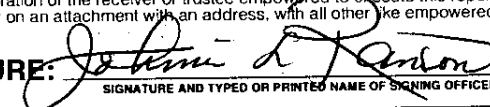


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90044 035 ***150.00

DOCUMENT # F92393 1. Entity Name ALPHA TRAVEL & TOURS, INC.					
Principal Place of Business % JOHNNIE L. RANSAM 1450 LAKE BRADFORD RD #C TALLAHASSEE, FL 32304			Mailing Address % JOHNNIE L. RANSAM 1450 LAKE BRADFORD RD #C TALLAHASSEE, FL 32304		
2. Principal Place of Business 926 N. Monroe St. Suite, Apt. #, etc.		3. Mailing Address 926 N. Monroe St. Suite, Apt. #, etc.			
City & State Tallahassee, Fl.		City & State Tallahassee, Fl.		4. FEI Number 59-2199146	
Zip 32303		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANSOM, JOHNNIE L. 1450 LAKE BRADFORD RD #C TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name Ransom, Johnnie L. Street Address (P.O. Box Number is Not Acceptable) 926 N. Monroe St. City Tallahassee FL Zip Code 32303		
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  Johnnie L. Ransom 1-15-04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANSOM, JOHNNIE L 116 WESTWOOD DRIVE TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSOM, PEARLENE L 2512 COLLEEN DR TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANSOM, JOHNNIE L 116 WESTWOOD DRIVE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORISDEO, NORMA L. 2409 ROSEMARY TERRACE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLMAN, ROOSEVELT 905 MCGUIRE CT TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORISDEO, NORMA L 2409 ROSEMARY TERRACE TALLAHASSEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Johnnie L. Ransom 1-15-04 (575-0637) <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		