

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F92393**

1. Entity Name  
**ALPHA TRAVEL & TOURS, INC.**



Principal Place of Business

**% JOHNNIE L. RANSAM  
926 N. MONROE ST.  
TALLAHASSEE, FL 32303**

Mailing Address

**% JOHNNIE L. RANSAM  
926 N. MONROE ST.  
TALLAHASSEE, FL 32303**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2199146**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RANSOM, JOHNNIE L.  
926 N. MONROE ST.  
TALLAHASSEE, FL 32303**

**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

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RANSOM, JOHNNIE L  
STREET ADDRESS 116 WESTWOOD DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE SD  
NAME RANSOM, PEARLENE L  
STREET ADDRESS 116 WESTWOOD DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VD  
NAME HOLLMAN, ROOSEVELT  
STREET ADDRESS 905 MCGUIRE CT  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE T  
NAME CORISDEO, NORMA L  
STREET ADDRESS 2409 ROSEMARY TERRACE  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000172741  
01/06/05-80008-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Pearlene Ransom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 (850) 575-0637

Date

Daytime Phone #