

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90113 041 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F92393

1. Entity Name
ALPHA TRAVEL & TOURS, INC.



Principal Place of Business
% JOHNNIE L. RANSOM RANSOM
926 N. MONROE ST.
TALLAHASSEE, FL 32303

Mailing Address
% JOHNNIE L. RANSOM RANSOM
926 N. MONROE ST.
TALLAHASSEE, FL 32303

60002304



01122007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Jan 16, 2007 850-575-0637
Date Daytime Phone #