

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92393

Entity Name: ALPHA TRAVEL & TOURS, INC.

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

1834 HERMITAGE BLVD., SUITE 100
TALLAHASSEE, FL

New Principal Place of Business:

32594 CEDAR RIDGE LANE
SEMINOLE, AL 36574

Current Mailing Address:

1834 HERMITAGE BLVD., SUITE 100
TALLAHASSEE, FL

New Mailing Address:

32594 CEDAR RIDGE LANE
SEMINOLE, AL 36574

FEI Number: 59-2199146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RANSOM, JOHNNIE L.
32594 CEDAR RIDGE LANE.
SEMINOLE, FL 36574 US

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: JOHNNIE RANSOM

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANSOM, JOHNNIE L.
Address: 116 WESTWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: SD () Delete
Name: RANSOM, PEARLENE L.
Address: 116 WESTWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD (X) Delete
Name: HOLLMAN, ROOSEVELT
Address: 905 MCGUIRE CT
City-St-Zip: TALLAHASSEE, FL

Title: T (X) Delete
Name: CORISDEO, NORMA L
Address: 2409 ROSEMARY TERRACE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RANSOM, JOHNNIE L.
Address: 32594 CEDAR RIDGE LANE.
City-St-Zip: SEMINOLE, AL

Title: SD (X) Change () Addition
Name: RANSOM, PEARLENE L.
Address: 32594 CEDAR RIDGE LANE.
City-St-Zip: SEMINOLE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHNNIE RANSOM

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date