

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90012 001 \*\*\*150.00

**DOCUMENT # F94000004590**

1. Entity Name  
**ALPHANATIONAL TECHNOLOGY SERVICES, INC.**



Principal Place of Business  
**2501 E. LOOP 820 N.  
FT. WORTH, TX US**

Mailing Address  
**2501 E. LOOP 820 N.  
FT. WORTH, TX US**

**14003049**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**75-2432893**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, ART  
9731 SW 195TH CIRCLE  
DUNNELLON, FL 34432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **WHITESIDE, LARRY**  
STREET ADDRESS **1608 WEYLAND DR**  
CITY-ST-ZIP **W. RICHLAND HILLS, TX 76180**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HARPER, CHARLES**  
STREET ADDRESS **12408 BACALL LANE**  
CITY-ST-ZIP **POTOMAC, MD 20854**

TITLE **TREAS.** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HORN, MORRIS**  
STREET ADDRESS **3205 DENBURY**  
CITY-ST-ZIP **FT. WORTH, TX 76133**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **HAYS, WILL**  
STREET ADDRESS **2501 E. LOOP 820 N.**  
CITY-ST-ZIP **FT WORTH, TX 73118**

TITLE **CFO** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LANE, DAN**  
STREET ADDRESS **3921 HAMILTON AVENUE**  
CITY-ST-ZIP **FT WORTH, TX 76107**

TITLE **SEC** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/04** **817-555-3791**  
Date Daytime Phone #