

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # F98000001023

1. Entity Name
ALPSHORE, INC.



Principal Place of Business
**2100 S TAMiami TRAIL
SUITE 200
SARASOTA, FL 34239**

Mailing Address
**2100 S TAMiami TRAIL
SUITE 200
SARASOTA, FL 34239**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2071903

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOAF, MARGARET
2100 S TAMiami TRAIL
SUITE 200
SARASOTA, FL 34239**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	AFFOLTER, HEINZ
STREET ADDRESS	NIDELBADSTR. 22A, 8803 RUESCHLIKON
CITY-ST-ZIP	SWITZERLAND.
TITLE	CV
NAME	AFFOLTER, MARGOT
STREET ADDRESS	NIDELBADSTR. 22A, 8803 RUESCHLIKON
CITY-ST-ZIP	SWITZERLAND.
TITLE	DST
NAME	SHOAF, MARGARET
STREET ADDRESS	2100 S TAMiami TRAIL SUITE #200
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000847153
03/19/08-80008-005 150.00

**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

HEINZ AFFOLTER

Date

Feb 27, 2008

Daytime Phone #