

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT #G20077**

1. Entity Name  
**ALPHA COMMUNICATIONS, INC.**



Principal Place of Business

**5790 ESTELLE STREET  
JACKSONVILLE, FL 32254**

Mailing Address

**PO BOX 37071  
JACKSONVILLE, FL 32236-7071 US**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-2273070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**O'NEAL, DANIEL  
5790 ESTELLE STREET  
JACKSONVILLE, FL 32254**

**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, 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	O'NEAL, DANIEL L.
STREET ADDRESS	7400 HAMBONE DR
CITY-ST-ZIP	BRYCEVILLE, FL 32009
TITLE	S
NAME	O'NEAL, BETTY B.
STREET ADDRESS	7400 HAMBONE DR
CITY-ST-ZIP	BRYCEVILLE, FL 32009
TITLE	TD
NAME	O'NEAL, EDGAR L.
STREET ADDRESS	12762 SUNOWA SPRINGS TRAIL
CITY-ST-ZIP	BRYCEVILLE, FL 32009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/09/07-80019-016 150.00

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

Secretary

Date

Daytime Phone #

**4/23/07 904/83-1505**