

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57686

Entity Name: ALPHA AIR SERVICES, INC.

FILED  
Jan 16, 2004  
Secretary of State

## Current Principal Place of Business:

% GARY L. HEADLEY  
4811 S. PLEASANT GROVE RD  
INVERNESS, FL 34452

## New Principal Place of Business:

## Current Mailing Address:

% GARY L. HEADLEY  
5290 SOUTH ROMANS AVENUE  
INVERNESS, FL 34452

## New Mailing Address:

FEI Number: 59-2802968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEADLEY, GARY L.  
5290 SOUTH ROMANS AVENUE  
INVERNESS, FL 34452 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HEADLEY, GARY L.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL

Title: STD ( ) Delete  
Name: HEADLEY, SCOTT A.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL

Title: VPD ( ) Delete  
Name: HEADLEY, PATRICIA E.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HEADLEY, GARY L.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL 34452 US

Title: STD (X) Change ( ) Addition  
Name: HEADLEY, SCOTT A.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL 34452 US

Title: VPD (X) Change ( ) Addition  
Name: HEADLEY, PATRICIA E.,  
Address: 5290 SOUTH ROMANS AVENUE  
City-St-Zip: INVERNESS, FL 34452 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY L. HEADLEY

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date