

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J81007  
 1. Entity Name  
 ALBET ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 % BETTE MCJUNKIN                      % BETTE MCJUNKIN  
 55 PARK LANE                              55 PARK LANE  
 DEBARY, FL 32713                          DEBARY, FL 32713



03082005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2825570                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCJUNKIN, BETTE  
 55 PARK LANE  
 DEBARY, FL 32713

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PVS               |
| NAME           | MCJUNKIN, ALTON.  |
| STREET ADDRESS | 55 PARK LANE      |
| CITY-ST-ZIP    | DEBARY, FL 32713  |
| TITLE          | T                 |
| NAME           | MCJUNKIN, ALTON   |
| STREET ADDRESS | 55 PARK LANE      |
| CITY-ST-ZIP    | SANFORD, FL 32771 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

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 03/28/05-80055-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Alton McJunkin*      3-14-05      386-1668-4669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #