

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

07-10-2008 90016 021 \*\*\*150.00

09-03-2008 90004 047 \*\*\*408.75



1st MOORE CR2E034 (10/07)

<b>DOCUMENT # J92670</b> 1. Entity Name <b>ALPHA WELDING SERVICE, INC.</b>			
Principal Place of Business <b>1011 MALTBY AVENUE ORLANDO FL 32803</b>		Mailing Address <b>1011 MALTBY AVENUE ORLANDO FL 32803</b>	
2. Principal Place of Business - No P.O. Box # <b>1011 MALTBY AVENUE</b>		3. Mailing Address <b>1011 MALTBY AVENUE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>	
Zip <b>32803</b>		Zip <b>32803</b>	
Country <b>ORANGE</b>		Country <b>ORANGE</b>	
4. FEI Number <b>59-2849171</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKER, JODY 1011 MALTBY AVENUE ORLANDO FL 32803</b>		7. Name and Address of New Registered Agent Name <b>JODY BARKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1011 MALTBY AVE</b> City <b>ORLANDO</b> FL <b>32803</b>	
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 _____ DATE _____ <small>Signature (typed or printed name) of registered agent or trustee (if applicable). (NOTE: Registered Agent signature required when terminating). DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BARKER, JODY 1011 MALTBY AVENUE ORLANDO FL 32803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jody Barker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-2-08</u> <u>407-896-4222</u> <small>Date</small>	