

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L75708

1. Entity Name
ALPHA REALTY SERVICES, INC.



Principal Place of Business
**3761 ARROWHEAD DR
ST. AUGUSTINE, FL 32086 US**

Mailing Address
**C/O PAULINE D. BARKER
3761 ARROWHEAD DR.
ST. AUGUSTINE, FL 32086**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3004925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKER, PAULINE D.
3761 ARROWHEAD DR.
ST. AUGUSTINE, FL 32086**

**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	PST
NAME	BARKER, PAULINE D.
STREET ADDRESS	3761 ARROWHEAD DR.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	BARKER, PAULINE, D
STREET ADDRESS	3761 AROWHEAD DR
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
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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05/01/07-80122-016 150.00

**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: *Pauline D. Barker* Pauline D. Barker 4-17-2007 904-797-2644