

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90035 037 ***150.00

DOCUMENT # M94095

1. Entity Name

ALPHA & OMEGA LEASING, INC.



Principal Place of Business

4582 10TH CIRCLE
CLEARWATER FL 33762

Mailing Address

4582 10TH CIRCLE
CLEARWATER FL 33762
US

ADDRESS CHANGE

2. Principal Place of Business - No P.O. Box #

3046 IBIS COURT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

FL

Zip

33762

Country

FLORIDA

Zip

FL

Country

FL

4. FEI Number

59-2908990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, DOROTHY JANE
4582 107TH CIRCLE
CLEARWATER FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 state, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
ROBERTS, DOROTHY J.
4582 107TH CIRCLE
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

D
ROBERTS, DONALD
4582 107TH CIRCLE
CLEARWATER FL

☐ Delete

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CITY-STATE-ZIP

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☐ Change ☐ 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:

Donald W. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/08
DONALD W. ROBERTS 727-572-8887
Date Date/Time Phone #