

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N25464

**1. Entity Name
ALPHA FLYERS, INC.**



**Principal Place of Business
3104 FOREST DRIVE
LAKELAND, FL 33811**

**Mailing Address
3104 FOREST DRIVE
LAKELAND, FL 33811**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3021933** **Applied For
Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRIS, DONALD C.
1819 PETERSBURG AVENUE
LAKELAND, FL 33803**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERRIS, DONALD C.
STREET ADDRESS	1819 PETERSBURG AVE.
CITY-ST-ZIP	LAKELAND, FL
TITLE	STD
NAME	BAKER, FRANK
STREET ADDRESS	3104 FOREST DR.
CITY-ST-ZIP	LAKELAND, FL
TITLE	VD
NAME	WINBERGER, KEN
STREET ADDRESS	200 WOODBRIAR LOOP S.
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 817, 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: *Frank Baker* **FRANK BAKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-05 863-646-0387

Date

Daytime Phone #