

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90482 043 ***150.00

DOCUMENT # P00000048345 1. Entity Name ALPHA PAVING & SEALCOATING, INC.					
Principal Place of Business 2816 CROTON RD APOPKA, FL 32703			Mailing Address 2816 CROTON RD APOPKA, FL 32703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3645398	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALCOM, TROY 2816 CROTON RD APOPKA, FL 32703				7. Name and Address of New Registered Agent Name: Darrell H. Chapman III Street Address (P.O. Box Number is Not Acceptable) 2816 Croton Rd City: APOPKA FL Zip Code: 32703	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	PD BALCOM, TROY 2816 CROTON RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD1 CHAPMAN, DARRELL H 2816 CROTON RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAPMAN, DARRELL H III 2816 CROTON RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Darrell Chapman 4/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94066108



01052004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: Darrell H. Chapman III

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

2816 Croton Rd

City: APOPKA

FL Zip Code: 32703

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