## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000074534

Title:

Name:

Address:

City-St-Zip:

Entity Name: ALPHA RAILROAD BROKERAGE, INC.

( ) Delete

4450 HUNTINGTON FOREST BLVD

MURPHY, KATHERINE D

JACKSONVILLE, FL 32257

FILED Feb 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3063 HATRLY RD 28 INDUSTRIAL LOOP NORTH SUITE 179 STE 5 JACKSONVILLE, FL 32257 ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** #404 445 SR 13 NORTH #26 28 INDUSTRIAL LOOP NORTH JACKSONVILLE, FL 322593838 SUITE 179 ORANGE PARK, FL 32073 FEI Number: 59-3658566 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, FRANK D 1416 CRIĆKET HOLLOW LANE JACKSONVILLE, FL 32259 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MURPHY, FRANK D Name: Name: 1416 CRICKET HOLLOW LANE Address: Address: City-St-Zip: FRUIT COVE, FL 32259 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: MURPHY, BARBARA J Name: 1416 CRICKET HOLLOW LANE Address: Address: FRUIT COVE, FL 32259 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHERINE GOODMAN S 02/13/2004

(X) Change ( ) Addition

GOODMAN, KATHERINE D

JACKSONVILLE, FL 32207

822 PHILLIPS STREET