


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 033 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P00000110177</b><br>1. Entity Name<br>ALPHA WORKS AND GENERAL SERVICES INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808 | Mailing Address<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808 |
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**DO NOT WRITE IN THIS SPACE**



08272004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>59-3688671                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|  |                                       |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>COOMBS, JEROME<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|---|---|--|

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>              |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HOSANG, E. GEORGE<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>COOMBS, JEROME<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MARSHALL, JANICE<br>1121 N. PINE HILLS RD.<br>ORLANDO, FL 32808  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:** J.C. Coombs 8/28/04 407 2930114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

#/ 000000110177  
54071017

**ALPHA WORKS & GENERAL SERVICES**  
**1121 N. Pine Hills Road**  
**Orlando, FL 32808**

**August 26, 2004**

**Division of Corporation**  
**P.O. Box 6198**  
**Tallahassee, FL 32314-6198**

**Sirs:**

**Today we received in our office a postcard threatening to dissolve the Corporation if renewal fees were not sent by September 6, 2004. I immediately called your offices and spoke to Kathy. I explained that we did not receive any notice and were taken by surprise by the threat.**

**I was told to download the information from the computer as it would take 10-14 business days to get the forms mailed to us. We were further advised that our company would not be penalized because the renewal forms were not sent to us.**

**Based on the foregoing enclosed is our check #890 in the amount of \$150.00 "Renewal Fee" for 2004.**

**Very truly yours,**

  
**Jerome C. Coombs**  
**Vice President**