


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000065279

1. Entity Name
 1-800-ALPHATELL MARKETING, INC.



Principal Place of Business Mailing Address
 4740 W. HWY 192 4740 W. HWY 192
 KISSIMMEE FL 34746 KISSIMMEE FL 34746

2. Principal Place of Business 3. Mailing Address
Same as above *Same as above*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Zip Country Country



1st MOORE CR2E034 (10/04)

4. FEI Number 54-2066831				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUCIK, JOHN 719 E. RIDGEWOOD ST. ORLANDO FL 32803			Name		
			Street Address (P. O. Box Number is Not Acceptable)		
			City		FL

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 _____ DATE _____
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, 2005 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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCIK, JOHN			NAME			
STREET ADDRESS	719 E. RIDGEWOOD ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCIK, JOE			NAME			
STREET ADDRESS	4740 W. HWY 192			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCIK, JOHN			NAME			
STREET ADDRESS	719 E. RIDGEWOOD ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KUCIK, BARRY			NAME			
STREET ADDRESS	4740 W. HWY 192			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34746			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* John Kucik President 3/18/05 (32) 284-012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #