2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000130994

1. Entity Name
ALPHA RESTORATION SERVICES, INC.

Principal Place of Business	Mailing Address
346 BONITA AVE #305 FT WALTON BEACH, FL 32548	220 EGLIN PARKWAY SUITE 5 FT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0926813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANHUSAN, JEFFREY W
346 BONITA AVE #305
FT WALTON BEACH, FL 32548

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6. 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 Jeffrey W. VanHusan, President 3/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VANHUSAN, JEFFREY W
STREET ADDRESS	346 BONITA AVE #305
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	V
NAME	LEWIS, STEPHEN W
STREET ADDRESS	19 CHESTNUT AVE #14
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	S
NAME	KENT, JEFFREY M
STREET ADDRESS	3022 YORKTOWN CIR
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	T
NAME	BROWN, GREGORY M
STREET ADDRESS	346 BONITA AVE #305
CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gregory M Brown GREGORY M. BROWN, TREASURER 3/13/06 (850) 243-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #