


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-26-2004 90002 033 ***550.00

DOCUMENT # P03000096037					
1. Entity Name ALPHA BUILDERS, INC.					
Principal Place of Business 31 PERSHING PL. ORLANDO FL 32805			Mailing Address 31 PERSHING PL. ORLANDO FL 32805		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-0128129	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUSS, TAVELIS 31 PERSHING PL. ORLANDO FL 32805				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	RUSS, TRAVELIS				
STREET ADDRESS	31 PERSHING PL.				
CITY-ST-ZIP	ORLANDO FL 32805				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	JOHNSON, CLARENCE				
STREET ADDRESS	31 PERSHING PL.				
CITY-ST-ZIP	ORLANDO FL 32805				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	BROOKS, LOUISE				
STREET ADDRESS	31 PERSHING PL.				
CITY-ST-ZIP	ORLANDO FL 32805				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	PITTIMAN, LARRY				
STREET ADDRESS	31 PERSHING PL.				
CITY-ST-ZIP	ORLANDO FL 32805				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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)(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 <i>Travelis Russ</i> (TRAVELIS RUSS) August 24, 2004 418-1177					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00400000



MOORE CR2E034 (11/03)