

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000096037

1. Entity Name
ALPHA BUILDERS, INC.



Principal Place of Business
31 PERSHING PL.
ORLANDO, FL 32805

Mailing Address
P.O. BOX 555923
ORLANDO, FL 32855

FILED

06 DEC -8 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0128129

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSS, TAVELIS
31 PERSHING PLACE
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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

REINSTATEMENT-06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSS, TRAVELIS 31 PERSHING PL. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSS, LOUISE B 31 PERSHING PL. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTMAN, LARRY 2130 JACOBS PL. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400081633684
11/08/06--01036--013 **150.00

400081633684
12/20/06--01006--002 **608.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #