

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90033 034 ***158.75

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01192005 Chg-P CR2E034 (10/03)

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|---|---|---|---|--|--|
| DOCUMENT # P04000121503 1. Entity Name ALPHA REPAIR & MACHINE INC. | | | | | |
| Principal Place of Business 708 LOMA LINDA CT BRANDON, FL 33511 | | | Mailing Address 708 LOMA LINDA CT BRANDON, FL 33511 | | |
| 2. Principal Place of Business 7218 E. Martin Luther King Blvd. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address P.O. Box 174 <small>Suite, Apt. #, etc.</small> | | | |
| City & State Tampa, FL. | | City & State Brandon, FL. | | 4. FEI Number 20-1537227 | |
| ZIP 33619 | Country Hillsborough | ZIP 33509-0174 | Country Hillsborough | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Not Applicable | |
| 6. Name and Address of Current Registered Agent HOOKE, CURTIS 708 LOMA LINDA CT BRANDON, FL 33511 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and the fee payable. (NOTE: Registered Agent signature required when cashing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | President / Treasurer Curtis Hooker 708 Loma Linda Ct. Brandon, FL. 33511 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Vice President / Secretary Timothy McClellan 112 Mitchell Dr. Brandon, FL. 33511 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Curtis Hooker</u> Curtis Hooker 1-20-05 (813) 740-0667 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (In 1116 Phone #)</small> | | | | | |