

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-08-2006 90307 031 ***158.75

DOCUMENT # P05000116136					
1. Entity Name ALPHA VANGUARD GROUP, INC.					
Principal Place of Business 23110 SR 54 #158 LUTZ FL 33549			Mailing Address 23110 SR 54 #158 LUTZ FL 33549		
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 20-3339489 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☒				1st MOORE CR2E034 (10/05) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
QUINTANA, TERESA N 23110 SR 54 #158 LUTZ FL 33549				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: <i>Teresa N Quintana</i> DATE: 4-26-06 Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent signature required when certified)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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					
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	QUINTANA, TERESA N		NAME		
STREET ADDRESS	23110 SR 54 #158		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		CITY-ST-ZIP		
TITLE	DIR	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	QUINTANA, TERESA N		NAME		
STREET ADDRESS	23110 SR 54 #158		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		CITY-ST-ZIP		
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CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemptions contained in Section 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: <i>Teresa N Quintana Pres</i> 6/16/06 813-293-4715 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #					