

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90008 024 \*\*\*150.00

**DOCUMENT # P93000034525**

1. Entity Name

**ALPHA SYSTEMS ENGINEERING CORPORATION**



Principal Place of Business

**1119 ARBOR GLEN CIRCLE  
WINTER SPRINGS FL 32708**

Mailing Address

**1119 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708  
US**

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

**59-3186254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDS, KEITH R  
1119 ARBOR GLEN CIRCLE  
WINTER SPRINGS FL 32708**

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

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICHARDS, KEITH R 1119 ARBOR GLEN CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, KATHY L 1119 ARBOR GLEN CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy Richards*

**Kathy L. Richards**

**5/13/04**

Date

**407/696-8775**

Daytime Phone #

ATTACHMENT

#P93000034525

44045578

Dear Sirs, Penalty abatement  
request.

We did receive an  
Annual Report Notice card,  
and we did request a form,  
but apparently this did not  
process properly here... we  
have always paid early in the past  
and will adjust to your new  
notification process for next year.  
Pls. adv. if we must pay the penalty.