


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000061855	
1. Entity Name ALPHA COUNSELING SERVICES INC.	

Principal Place of Business 10730 US HWY. 19 NORTH 4 PORT RICHEY, FL 34668 US	Mailing Address 10730 US HWY. 19 NORTH 4 PORT RICHEY, FL 34668 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3268661	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FREEMAN, ROBERT
10730 US HWY 19, N
STE.4
PORT RICHEY, FL 34668**

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FREEMAN, ROBERT 10730 US HWY 19, STE 4 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FREEMAN, ROBERT E 10730 US HWY 19 STE 4 PORT RICHEY, FL 34668
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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: X Robert Freeman, President Date: X 1/21/08 Daytime Phone #: (727) 862-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR