2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# P95000061158

Entity Name: ALPHA MARINE EQUIPMENT, INC.

Current Principal Place of Business:

24435 POINTER DRIVE
LAND O'' LAKES, FL 34639 US

New Principal Place of Business:

24454 PAINTER DRIVE
LAND O' LAKES, FL 34639 US

Current Mailing Address:

24435 POINTER DRIVE
LAND O'' LAKES, FL 34639 US

New Mailing Address:

24454 PAINTER DRIVE
LAND O' LAKES, FL 34639 US

FEI Number: 59-3334152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, WILLIAM E
24435 PAINTER DR
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

DAVIS, WILLIAM E
24454 PAINTER DR
LAND O LAKES, FL 34639 US

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.

SIGNATURE: 04/08/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DAVIS, WILLIAM E
Address: 24435 PAINTER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete
Name: DAVIS, SALLY B
Address: 24435 PAITER DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: DAVIS, WILLIAM E
Address: 24454 PAINTER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: T (X) Change ( ) Addition
Name: DAVIS, SALLY B
Address: 24454 PAINTER DR
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. DAVIS PSD 04/08/2005
Electronic Signature of Signing Officer or Director Date