

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092483

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: ALPHA VALVE & CONTROLS, INC.

## Current Principal Place of Business:

3717 MONARCH DRIVE  
TAMPA, FL 33688

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 271444  
TAMPA, FL 33688

## New Mailing Address:

FEI Number: 59-3358098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JEFFREY L  
3717 MONARCH DRIVE  
TAMPA, FL 33688 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, JEFFREY L  
Address: 3717 MONARCH DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: SMITH, CYNTHIA B  
Address: 3717 MONARCH DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: BENSHOOF, DAN H  
Address: 1350 ECKLES DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: BENSHOOF, HELEN J  
Address: 1350 ECKLES DRIVE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENSHOOF, DAN H  
Address: 19410 GOLDEN SLIPPER PLACE  
City-St-Zip: LUTZ, FL 33558

Title: D (X) Change ( ) Addition  
Name: BENSHOOF, HELEN J  
Address: 19410 GOLDEN SLIPPER PLACE  
City-St-Zip: LUTZ, FL 33558

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: JEFFREY LEE SMITH

MR.

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date