2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90180 026 ***158.75

DOCUMENT # P96000083533

1. Entity Name
ALPHA SERVICES OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
338 PARQUE DR SUITE E ORMOND BEACH, FL 32174	338 PARQUE DR SUITE E ORMOND BEACH, FL 32174

60035525

04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3402423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, TED
338 PARQUE DR
SUITE
ORMOND BEACH, FL 32174

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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 Ted Lynch TED Lynch 4/28/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LYNCH-WIGGINS, KRISTINA
STREET ADDRESS	338 PARQUE DR, STE. E
CITY-ST-ZIP	ORMOND BEACH, FL 32174

Cancelled Resigned

TITLE	ST
NAME	MOODY-LYNCH, MICHELLE
STREET ADDRESS	338 PARQUE DR, STE. E
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	Pres + VP
NAME	Ted Lynch
STREET ADDRESS	338 Parque Dr Suite E
CITY-ST-ZIP	Ormond Beach, Florida 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ted Lynch 4/28/08 386-677-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #