

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027046

Entity Name: ALPHA RESOURCES GROUP, INC.

FILED  
Apr 13, 2005  
Secretary of State

## Current Principal Place of Business:

34 LINWOOD RD.  
FT.WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

34 LINWOOD RD.  
FT.WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 59-3573604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, DONALD L  
34 LINWOOD RD.  
FT.WALTON BEACH, FL 32547 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: MILLER, DONALD L  
Address: 34 LINWOOD RD.  
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: ASHLEY, LARRY R  
Address: 587 FAIRWAY CT.  
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: SCHREDER, WILLIAM L  
Address: 244 NAUTICA WAY  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MILLER, DONALD L PRES.  
Address: 34 LINWOOD RD.  
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D (X) Change ( ) Addition  
Name: ASHLEY, LARRY R VP  
Address: 587 FAIRWAY CT.  
City-St-Zip: FT.WALTON BEACH, FL 32547

Title: D (X) Change ( ) Addition  
Name: SCHRIDER, WILLIAM L VP  
Address: 244 NAUTICA WAY  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Change (X) Addition  
Name: MILLER, MARGARET A SEC/TRE  
Address: 34 LINWOOD RD.  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

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: MARGARET A. MILER

S/T

04/13/2005

Electronic Signature of Signing Officer or Director

Date