

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

P99000048073

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 PM 1:57

DOCUMENT # P99000048073

1. Entity Name
ALPHA ELECTRIC SUPPLY, INC.



Principal Place of Business
734 BROOKHAVEN DRIVE
ORLANDO, FL 32803

Mailing Address
734 BROOKHAVEN DRIVE
ORLANDO, FL 32803

01/30/06 90136 001 \$150.00



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ANN N
6500 LAKE EMMA ROAD
GROVELAND, FL 34736

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	WILLIAMS, LEE A
STREET ADDRESS	6500 LAKE EMMA ROAD
CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	VPST
NAME	WILLIAMS, ANN N
STREET ADDRESS	6500 LAKE EMMA ROAD
CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	D
NAME	WILLIAMS, ANN N
STREET ADDRESS	6500 LAKE EMMA ROAD
CITY - ST - ZIP	GROVELAND, FL 34736
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee A Williams President 1/19/06 407 896-7761