2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90024 007 ***150.00

DOCUMENT# S19723

1. Entity Name
ALPINE SOUTHEAST, INC

Principal Place of Business	Mailing Address
PO BOX 700 BOYNTON BEACH, FL 33425	PO BOX 700 BOYNTON BEACH, FL 33425

03172005 NoChgP CR2E031 (10/03)

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4. FEI Number 65-0240566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POWELL, MARDY H
1112 N FEDERAL HWY
BOYNTON BEACH, FL 33435

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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 ____________________ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POWELL, MARDY H
STREET ADDRESS	PO BOX 700
CITY-ST-ZIP	BOYNTON BEACH FL 334250700
TITLE	D
NAME	POWELL, LLOYD
STREET ADDRESS	1112 N FEDERAL HWY
CITY-ST-ZIP	BOYNTON BEACH FL 334353229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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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 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 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 all other like empowered.

SIGNATURE: Mardy H Powell Pres. 3/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #