

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S42553

Entity Name: ALPHA FOLIAGE, INC.

FILED  
Mar 01, 2011  
Secretary of State

## Current Principal Place of Business:

27600 S W 217 AVE  
HOMESTEAD, FL 33031 US

## New Principal Place of Business:

27600 S.W. 217TH AVE.  
HOMESTEAD, FL 33031 US

## Current Mailing Address:

18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031

## New Mailing Address:

18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031 US

FEI Number: 65-0268608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMOTT, CAROLYN G  
18455 SW 264 STREET  
HOMESTEAD, FL 33031 US

## Name and Address of New Registered Agent:

DEMOTT, CAROLYN G  
18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031 US

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:

03/01/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD  
Name: DEMOTT, JOHN C.  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: STD  
Name: DEMOTT, CAROLYN G.  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: PD  
Name: BUSTER, CHARLES S.  
Address: 24050 S.W. 162ND AVE.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VD  
Name: BUSTER, M.A.  
Address: 24050 S.W. 162ND AVE.  
City-St-Zip: HOMESTEAD, FL 33031 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. DEMOTT

VD

03/01/2011

Electronic Signature of Signing Officer or Director

Date