

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674474

Entity Name: THE ALPINE SEVEN COMPANY, INC.

Current Principal Place of Business:

799 NW 37TH AVE
DELRAY BEACH, FL 33445

Current Mailing Address:

PO BOX 700
BOYNTON BEACH, FL 33425-0700

FEI Number: 34-1125988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWELL, MARDY
799 NW 37TH AVE
DELRAY BEACH, FL 33445 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name POWELL, MARDY
Address P.O. BOX 700
City-State-Zip: BOYNTON BEACH FL 33425-0700

Title VP/D
Name POWELL, LLOYD
Address P.O. BOX 700
City-State-Zip: BOYNTON BEACH FL 33425-0700

Title D
Name POWELL, KENT L
Address 8238 WINSTEAD PL 203
City-State-Zip: MANASSAS VA 20109

Title D
Name POWELL, KURT G
Address P.O. BOX 700
City-State-Zip: BOYNTON BEACH FL 33425-0700

Title DIRECTOR
Name POWELL, KEVIN` R.
Address P.O. BOX 847
City-State-Zip: MAUMEE OH 43537

Title DIRECTOR
Name POWELL, KERRY J.
Address 3134 COBBLESTONE RIDGE
City-State-Zip: TECUMSEE MI 49286

Title DIRECTOR
Name POWELL, KEITH D
Address 360 N. 1ST PLACE
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name NICHOLS, KRISTEN J.
Address PO BOX 700
City-State-Zip: BOYNTON BEACH FL 33425-0700

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: LLOYD POWELL

VP

04/25/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date