

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000092415

**Entity Name:** ALPHONSA INC

**Current Principal Place of Business:**

1934 US HIGHWAY 19  
HOLIDAY, FL 34691

**Current Mailing Address:**

15835 BEREADRIVE  
ODESSA, FL 33556 US

**FEI Number:** 46-4101195

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARGHESE, ALPHONSAMMA B  
15835 BEREADRIVE  
ODESSA, FL 33556 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 PST  
Name VARGHESE, ALPHONSAMMA B  
Address 15835 BEREADRIVE  
City-State-Zip: ODESSA FL 33556

*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:** ALPHONSAMMA VARGHESE

PST

03/29/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date