

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132362

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: ALTERNATIVE EDUCATIONAL SERVICES, INC.

## Current Principal Place of Business:

17521 HWY 441 STE 9  
MOUNT DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

17521 HWY 441 STE 9  
MOUNT DORA, FL 32757

## New Mailing Address:

PO BOX 396  
EUSTIS, FL 32727

FEI Number: 20-5731193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STANLEY, DONALD P  
17521 HWY 441 STE 9  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STANLEY, DONALD P  
Address: PO BOX 396  
City-St-Zip: EUSTIS, FL 327270396

Title: D ( ) Delete  
Name: STANLEY, SUSAN K  
Address: PO BOX 396  
City-St-Zip: EUSTIS, FL 327270396

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STANLEY, DONALD P  
Address: PO BOX 396  
City-St-Zip: EUSTIS, FL 32727

Title: D (X) Change ( ) Addition  
Name: STANLEY, SUSAN K  
Address: PO BOX 396  
City-St-Zip: EUSTIS, FL 32727

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD P STANLEY

D

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date