


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90326 009 ****70.00

DOCUMENT # 712846	
1. Entity Name ALCO HALF WAY HOUSE, INC.	

Principal Place of Business 1120 HUBBARD STREET JACKSONVILLE, FL 32206	Mailing Address 1120 HUBBARD STREET JACKSONVILLE, FL 32206
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04282004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-6203034	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOTHSCHUTZ, PAUL
 3339 ALDRIDGE MALL ROAD
 JACKSONVILLE, FL 32250

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOTHSCHUTZ, PAUL	
STREET ADDRESS	3339 ALDRIDGE MALL RD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LLOYD, SAMUEL	
STREET ADDRESS	223 FLORIDA BLVD #4	
CITY-ST-ZIP	NEPTUNE BEACH, FL 322664973	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JAME P JR	
STREET ADDRESS	10230 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CANNADY, DAVID	
STREET ADDRESS	8300 PLAZA GATE LANE #1224	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKS III, THOMAS W.	
STREET ADDRESS	1301 GULF LIFE DRIVE, #204	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 Riverplace Blvd, #204	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Lothschutz Paul Lothschutz 4/30/04 (904) 355-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #