


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H55272</b> 1. Entity Name ALTERNATIVE BUSINESSES, INC.	
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Principal Place of Business 456 SUDDUTH AVE. PANAMA CITY, FL 32401	Mailing Address 456 SUDDUTH AVE. PANAMA CITY, FL 32401
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<b>DO NOT WRITE IN THIS SPACE</b>
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01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2540923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COMBS, SAMUEL L., III 456 SUDDUTH AVE. PANAMA CITY, FL 32401
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, J. ROBERT 209 E. 4TH ST. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMBS, SAMUEL L., III 456 SUDDUTH AVENUE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COMBS, LAURIE F. 456 SUDDUTH AVENUE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/05-80126-016 150.00

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 607, 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: Laurie F Combs SEE/TEARS 2/1/05 850 785 2174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #