

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90733 031 ***150.00

DOCUMENT # P00000008188 1. Entity Name ALTERNATIVE DRIVEWAYS INC.			
Principal Place of Business 6311 SIMCA DR JACKSONVILLE, FL 32277		Mailing Address 6311 SIMCA DR P.O. BOX 8574 JACKSONVILLE, FL 32277 JACKSONVILLE, FL	
2. Principal Place of Business 11239 Island Club Lane Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 8574 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL Zip 32225		City & State JACKSONVILLE, FL Zip 32239-0574	
Country DUVAL		Country DUVAL	
4. FEI Number 59-3631956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, GEORGE H 4736 BLANDING BLVD JACKSONVILLE, FL 32210		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTS CRIBBS, RODNEY 6311 SIMCA DR JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	11239 Island Club Lane JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>Rodney D. Cribbs</u> <u>Rodney D. Cribbs</u>		Date <u>4-30-04</u> <u>256-7102</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	