2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P0000008188 1. Entity Name ALTERNATIVE DRIVEWAYS INC.									05-02-20	07 90085 ()35 ***15	0.00
Principal Place of Business Mailing Address								40100432				
11239 ISLAND CLUB LANE P.O. BOX 8574 JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32239-0						'4 .						
		······				7.55						
2. Principal Place of Business - No P.O. Box # 1910 HANKS ST. Suite Apt. #, etc.				3. Mailing Address 1910 HAINES St. Suite Apt. # etc.								
Suite, Apt. #, etc.				duite, Apt. #, etc.				04262007	Chg-P	CR2E	034 (12/06)	
JACKSONVI 1/E, FL				City & State ACKSON VILLE	-	FL		4. FEI Number 59-363			No	plied For t Applicable
32200	.	Country		Zip 2204	Coun	try VAL		5. Certificate	of Status Desire	ed □	\$8.75 Add Fee Require	litional d
72000	6. Name	and Address of Curre			<i>U</i> 11	<u> </u>		7. Name and	Address of Ne	w Registered		
Name												. —
HALL, GEORGE H 4736 BLANDING BLVD JACKSONVILLE, FL 32210							ddress (F	O. Box Numbe	er is Not Accep	table)		
ſ						City		•		FI	Zip Cod	9
The above named entity submits this statement for the purpose of changing its registered office or register.										FL	<u>• </u>	
	named entity tions of regist		t for the p	purpose of changing its	registeri	ea omce o	r registere	ed agent, or bo	in, in the State o	of Florida. I am	ramiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AN	ND DIRE	CTORS	11.			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR:	S IN 11
TITLE	PTS			☐ Delete	TITL						Change Change	☐ Addition
NAME : STREET ADDRESS	CRIBBS, I	RODNEY .AND CLUB LANE		NAME STREET ADDRESS 19			n 44411	64 57				
CITY-ST-ZIP		WILLE, FL 32225		-ST-ZIP	1910 MAINES ST. JACKSONVILLE, FL 32206							
TITLE	☐ Delete						37	112 DN VI	<i>17 0, 1</i>	-	Change	Addition
NAME	ļ				NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADORESS - ST- ZIP						
TITLE				Delete	TITL						☐ Change	☐ Addition
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STREET ADDRESS						ET ADORESS						
CITY-SI-ZIP					_	-ST-ZiP						
TITLE	1			☐ Delete	TITLI						Change	Addition
NAME Street address						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME	1				NAM							
STREET ADORESS CITY-ST-ZIP						ET ADDAESS -ST-ZIP						
				☐ Delete	TITE		-				☐ Change	☐ Addition
TITLE NAME				□ Délete	NAM							
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-SI-ZIP						
12. I hereby	certify that the	e information supplied v	vith this	filing does not qualify for	or the ex	emptions of	contained	in Chapter 119), Florida Statut	es. I further ce	rtify that the in	nformation or director

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained 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 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 ampowered to execute this report as adquired 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:

NOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

54-26-07

Daytime Phone #