


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 07, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000042578</b> 1. Entity Name K.D.R. ALTERNATIVES, INC.	
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Principal Place of Business 2819 GREY OAKS BLVD TARPON SPRINGS, FL 34688	Mailing Address 2819 GREY OAKS BLVD TARPON SPRINGS, FL 34688
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3676026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

D'AMICO, ROBERT P  
2819 GREY OAKS BLVD  
TARPON SPRINGS, FL 34689-7220

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

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"/> <b>\$5.00 May Be Added to Fees</b>	1000000105872 04/07/04-80043-007 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, ROBERT P 28 A GREY OAKS BLVD TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMICO, KIMBERLY 2819 GREY OAKS BLVD TARPON SPRINGS, FL 34688
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IN THIS SPACE**

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:** Robert P. D'Amico 4/4/04 (727) 937-2251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #