


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000115252</b> 1. Entity Name PLACEMENT ALTERNATIVE, INC.	
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Principal Place of Business 10426 MAIN ST THONOTOSA, FL 33592	Mailing Address PO BOX 372 THONOTOSASSA, FL 33592
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**DO NOT WRITE IN THIS SPACE**



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0556370	Applied For 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  COLE, KATHY L 205 W. M L KING BOULEVARD, #204 TAMPA, FL 33603	<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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, BEVERLY 10462 MAIN STREET THONOTOSA, FL 33592
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09/07/05-80006-017 150.00

**DO NOT WRITE  
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: Beverly Ann Flanders  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05 813 982 1828  
Date Daytime Phone #