

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000118728

1. Entity Name
**ALTERNATIVE HOMEMAKING WITH A HEART OF
VENICE, INC.**



Principal Place of Business
**327 OAKWOOD CIRCLE
ENGLEWOOD, FL 34223**

Mailing Address
**327 OAKWOOD CIRCLE
ENGLEWOOD, FL 34223**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0566650	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

**ROBERTS, GREGORY C
341 VENICE AVENUE WEST
VENICE, FL 34285**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYD, JEFFREY L
STREET ADDRESS	#48 WINDSOR DRIVE
CITY - ST - ZIP	ENGLEWOOD, FL 34223

TITLE	VSD
NAME	BOYD, CAROL A
STREET ADDRESS	327 OAKWOOD CIRCLE
CITY - ST - ZIP	ENGLEWOOD, FL 34223

TITLE	TD
NAME	BOYD, JOHN L
STREET ADDRESS	327 OAKWOOD CIRCLE
CITY - ST - ZIP	ENGLEWOOD, FL 34223

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/26/05-80097-001 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Boyd
1/24/05

Date

941-488-2248
Daytime Phone #