

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 007 ***150.00



DOCUMENT # P02000018964
 1. Entity Name
ALTERNATIVE PROPERTY MANAGEMENT, INC.

Principal Place of Business
835 SOUTHEAST 3RD STREET
OCALA, FL 34471

Mailing Address
PO BOX 2164
OCALA, FL 34478



2. Principal Place of Business
1871 SE 39th St
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State
Ocala FL

City & State
Ocala FL

Zip
34478 Country
US

Zip
34478 Country
US

4. FEI Number
90-0008049

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, DAVID A JR.
1243 SOUTHEAST 22ND AVE
OCALA, FL 34471

7. Name and Address of New Registered Agent
 Name
Darrell Lenamond
 Street Address (P.O. Box Number is Not Acceptable)
1871 SE 39th St
 City
Ocala FL Zip Code
34478

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 reinstating) DATE: **4/6/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	LENAMOND, DARRELL L	
STREET ADDRESS	835 SOUTHEAST 3RD STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LENAMOND, PAULINE A	
STREET ADDRESS	835 SOUTHEAST 3RD STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1871 SE 39th St	
CITY-ST-ZIP	Ocala, FL 34478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

4/6/06