


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90039 036 \*\*\*150.00

<b>DOCUMENT # P02000048922</b> 1. Entity Name <b>ALTERNATE PATHWAYS INC.</b>					
Principal Place of Business <b>315 E. MAUD ST. TAVARES FL 32778</b>			Mailing Address <b>315 E. MAUD ST. TAVARES FL 32778</b>		
2. Principal Place of Business <b>315 E Maud St</b> Suite, Apt. #, etc.		3. Mailing Address <b>315 E Maud St</b> Suite, Apt. #, etc.			
City & State <b>Tavares FL</b>		City & State <b>Tavares FL</b>		4. FEI Number <b>02-0630528</b>	
Zip <b>32778</b>	Country <b>US</b>	Zip <b>32778</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent -  <b>ACKERMAN, DIANE J 1312 SHERMAN AVENUE TAVARES FL 32778</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Diane J Ackerman</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>ACKERMAN, DIANE J</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>315 E. MAUD ST.</b>	CITY-ST-ZIP <b>TAVARES FL 32778</b>		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>VP</b>	NAME <b>Richard S Ackerman</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>315 E MAUD ST.</b>	CITY-ST-ZIP <b>TAVARES FL 32778</b>		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>ADD</b>	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>ADD</b>	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE <b>ADD</b>	NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Diane J Ackerman</i></u> <b>DIANE J ACKERMAN</b> <u>1-25-05</u> <u>352-343-3380</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E034 (10/04)