# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2005**
**Secretary of State**

DOCUMENT# P04000111335

**Entity Name:** ALTERNATIVE CAR CARE, INC.

**Current Principal Place of Business:**

12734 LACEY DRIVE
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

10232 STATE ROAD 52
HUDSON, FL 34669

**Current Mailing Address:**

12734 LACEY DRIVE
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

10232 STATE ROAD 52
HUDSON, FL 34669

**FEI Number: 65-1230062** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LADEW, MICHAEL D
1803 ROUSE LAKE ROAD
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BAPP, RAYMOND L
Address: 12734 LACEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Delete
Name: LADEW, DARLENE M
Address: 1803 ROUSE LAKE ROAD
City-St-Zip: ORLANDO, FL 32817

Title: S ( ) Delete
Name: BAPP, PAMELA
Address: 12734 LACEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete
Name: LADEW, MICHAEL D
Address: 1803 ROUSE LAKE ROAD
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D LADEW T 04/19/2005

Electronic Signature of Signing Officer or Director — Date