

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P05000041155

1. Entity Name
ALTERNATIVE VENTURES, INC.



Principal Place of Business
2810-A HIGHWAY 77
PANAMA CITY, FL 32405

Mailing Address
P.O. BOX 1605
PANAMA CITY, FL 32402



04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0558057

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, JAMES W
2810-A HIGHWAY 77
PANAMA CITY, FL 32405

**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DAVIS, JAMES W
STREET ADDRESS	2810-A HIGHWAY 77
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VPS
NAME	DAVIS, CYNDI J
STREET ADDRESS	2810-A HIGHWAY 77
CITY-ST-ZIP	PANAMA CITY, FL 32405
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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IN THIS SPACE**

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05/01/07-80069-006 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #