

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000030738

1. Entity Name
ALTERNATIVES FOR INDUSTRY, INC.



FILED
Feb 27, 2008 08:00 A
Secretary of State

Principal Place of Business
2251 WHITFIELD PARK AVE
SARASOTA, FL 34243

Mailing Address
2251 WHITFIELD PARK AVE
SARASOTA, FL 34243



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0574828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HASKINS, HARRY W
1800 SECOND STREET
SUITE 819
SARASOTA, FL 34236

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
O'NEILL, MICHAEL
5269 CREEKSIDE TRAIL
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ABRAMS, KEVIN
4804 GLEN BROOKE DR
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DIERKEN, NANCY
7317 LINKS CT
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIERKEN, ROBERT
7317 LINKS CT.
SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000840414
03/06/08-80048-009 150.00

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IN THIS SPACE**

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 #