

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038775

FILED  
May 13, 2005  
Secretary of State

**Entity Name:** ALTERNATIVES FOR THE DISABLED, INC.

**Current Principal Place of Business:**

44087 WOODSIDE LANE  
CALLAHAN, FL 320114665

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 69  
CALLAHAN, FL 320110069

**New Mailing Address:**

**FEI Number:** 59-3367541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEALL, DEBORAH H  
44087 WOODSIDE LANE  
CALLAHAN, FL 320114665 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BEALL, DEBORAH H  
Address: 44087 WOODSIDE LANE  
City-St-Zip: CALLAHAN, FL 320114665

Title: DS ( ) Delete  
Name: BLAIR, THOMAS A  
Address: 54025 JEANNIE ROAD, P.O. BOX 1670  
City-St-Zip: CALLAHAN, FL 320111670

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

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:** DEBORAH H. BEALL

DPT

05/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date