

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90015 017 \*\*\*150.00

**DOCUMENT # P96000088738**

1. Entity Name  
**ALTERNATIVE OPTIONS, INC.**



Principal Place of Business  
**625 S.W. 59TH STREET  
MIAMI, FL 33144**

Mailing Address  
**390 NARRAGANSETT STREET N.E.  
PALM BAY, FL 32907**

**54032634**



2. Principal Place of Business

3. Mailing Address

**3990 Minton Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Melbourne FL**

4. FEI Number

**65-0708447**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32904**

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALRON ENTERPRISES, INC.  
390 NARRAGANSETT STREET N.E.  
PALM BAY, FL 32907**

7. Name and Address of New Registered Agent

Name **Alron Enterprises Inc**

Street Address (P.O. Box Number is Not Acceptable)

**3990 Minton Road**

City

**Melbourne**

FL

Zip Code

**32904**

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.

**Ronald Gallagher**

(NOTE: Registered Agent signature required when reinstating)

**1/20/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TOBON, HECTOR**  
STREET ADDRESS **625 S.W. 59TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **SD** ☐ Delete  
NAME **GALLAGHER, RONALD**  
STREET ADDRESS **390 NARRAGANSETT ST NE**  
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Gallagher, Ronald**  
STREET ADDRESS **3990 Minton Road**  
CITY-ST-ZIP **Melbourne FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald Gallagher, Dir.**

Date

Daytime Phone #

**1/20/04 951-7626**