

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000021339

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ALTERNATIVE SUPPORT CONTRACTORS INCORPORATED

**Current Principal Place of Business:**

415 MONTGOMERY ROAD  
STE 161  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

415 MONTGOMERY ROAD  
STE 161  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-3435844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IKEJI, CHUCK  
801 N MAGNOLIA AVENUE  
STE 302  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPELLER, NADINE  
Address: 415 MONTGOMERY ROAD, SUITE 161  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: NADINE SPELLER

D

02/09/2012

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

\_\_\_\_\_  
Date