
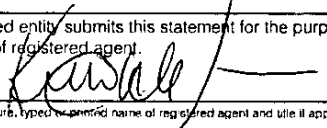
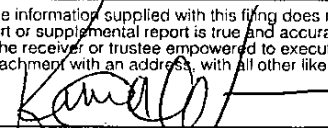


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 005 ***150.00

DOCUMENT # P97000069031			
1. Entity Name ALTERNATIVE BEHAVIORAL CONCEPTS, INC.			
Principal Place of Business 980 BERKLEY RD. AUBURNDALE, FL 33823		Mailing Address PO BOX 1057 LAKE ALFRED, FL 33850	
2. Principal Place of Business 117 E. Lake Ave.		3. Mailing Address	
Suite, Apt. #, etc. Suite D		Suite, Apt. #, etc.	
City & State Lake Alfred, FL		City & State	
Zip 33823		Country FL	
4. FEI Number 59-3463137		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, KEITH A 720 S. GLENCRUITEN AVE. LAKE ALFRED, FL 33850		7. Name and Address of New Registered Agent Name: Jordan Keith A. Street Address (P.O. Box Number is Not Acceptable): 720 S. Glencruten Ave PO Box 1071 City: LA FL Zip Code: 33850	
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:  DATE: 8-15-05			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORDEN-JORDAN, CHERYL A 720 S. GLENCRUITEN AVE. LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Borden-Jordan, Cheryl A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 S. Glencruten Ave-PO Box 1071 LA, FL. 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, KEITH A 720 S. GLENCRUITEN AVE. LAKE ALFRED, FL 33850 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jordan, Keith A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 S. Glencruten Ave PO Box 1071, LA FL. 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 8-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 803-557-3300	
		803-206-7000	