

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093728

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** ADVOCATES FOR COMMUNITY OPTIONS, INC.

**Current Principal Place of Business:**

200 LEISURE CIRCLE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 LEISURE CIRCLE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 59-3540563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STEINBERGER, SUSAN D  
200 LEISURE CIRCLE  
PORT ORANGE, FL 32127

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

LEBLANC, SUSAN D  
200 LEISURE CIRCLE  
PORT ORANGE, FL 32127

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: SUSAN D. LEBLANC

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: LEBLANC, SUSAN D  
Address: 200 LEISURE CR  
City-St-Zip: PT ORANGE, FL 32127

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

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: SUSAN D. LEBLANC

PTSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date