

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90031 040 \*\*\*150.00

**DOCUMENT # P99000022455**

1. Entity Name  
ALTERNATIVE BENEFIT CONCEPTS, INC.



Principal Place of Business  
7061 S TAMiami TRAIL SUITE 110  
SARASOTA, FL 34231-5559

Mailing Address  
7061 S TAMiami TRAIL SUITE 110  
SARASOTA, FL 34231-5559

**44016994**



02112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3562876

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GARDI, LES CPA  
7061 S TAMiami TRAIL SUITE 110  
SARASOTA, FL 34231-5559

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

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	<del>DP</del>
NAME	MAGRADY, PATRICK J
STREET ADDRESS	845 LAMP CT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	<del>DP</del>
NAME	<del>MCCUDDY, MARY ANN</del>
STREET ADDRESS	<del>6111 WHITE OAK DR</del>
CITY-ST-ZIP	<del>FLOWERY BRANCH, GA 30542</del>
TITLE	<del>VPO</del>
NAME	<del>July A Holbert</del>
STREET ADDRESS	<del>12033 Royalwood Dr</del>
CITY-ST-ZIP	<del>Fishers IN 46038</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Patrick J Magrady* *Pat Magrady* 3/8/04 4073300881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #