



FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 262724 1. Entity Name ADGER-SMITH-WELLS INC			
Principal Place of Business 873 ADGER SMITH LANE MELBOURNE, FL 32935		Mailing Address 873 ADGER SMITH LANE MELBOURNE, FL 32935	
DO NOT WRITE IN THIS SPACE			
		03012008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0977911	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
BRUCE, CONSTANCE N. 873 ADGER SMITH WELLS INC. MELBOURNE, FL 32935		DO NOT WRITE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DATE 04/21/08-90006-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE, CONSTANCE N. 873 ADGER SMITH LN MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ROBERT V 735 WINGFOOT LANE MELBOURNE, FL 32940		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUCE, GEORGE A 873 ADGER SMITH LN MELBOURNE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARY, LISA 873 ADGER SMITH LN MELBOURNE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARY, BRADFORD L. 873 ADGER SMITH LANE MELBOURNE, FL 32935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lisa Gary</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/08 321-254-2446 Date Daytime Phone #	