

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # H02043

1. Entity Name
THE ADP GROUP, INCORPORATED



Principal Place of Business
**149 COCOANUT AVE
SARASOTA, FL 34236**

Mailing Address
**149 COCOANUT AVE
SARASOTA, FL 34236**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2381135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARKER, THEODORE
2033 MAIN ST., SUITE 100
SARASOTA, FL 34237**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, BRUCE 149 COCOANUT AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWN, ROBERT M., III 149 COCOANUT AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ-GONZALEZ, JAVIER 149 COCOANUT AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HOUK, PETER 149 COCONUT AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/21/05-80047-005 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PETER HOUK, MAN. PARTNER

4/5/05 941/957-435