

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90072 019 ***150.00

DOCUMENT # P02000000135

1. Entity Name

ADL WELLNESS AND HERBS N' MORE, INC.



Principal Place of Business

4353 EDGEWATER DRIVE, #3
ORLANDO, FL 32804

Mailing Address

4353 EDGEWATER DRIVE, #3
ORLANDO, FL 32804



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number

75-2984161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRANTE, THOMAS A
5021 MAUI CIRCLE
ORLANDO, FL 32808

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERRANTE, THOMAS A
STREET ADDRESS 5021 MAUI CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D
NAME FERRANTE, KATHRYN
STREET ADDRESS 5021 MAUI CIRCLE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D
NAME MYERS, CINDY
STREET ADDRESS 417 MEADOWOOD BLVD
CITY-ST-ZIP FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/7

407-297-0772