

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034008

**FILED**  
**Jul 10, 2005**  
**Secretary of State**

**Entity Name:** AD PRO. & PROMOTIONS, INC.

**Current Principal Place of Business:**

7001 W POCAHONTAS AVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7001 W POCAHONTAS AVE  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 56-2442622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

POLEN, JEFFREY BRYCE  
7001 W POCAHONTAS AVE  
TAMPA, FL 33634 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POLEN, JEFFREY BRYCE  
Address: 7001 W POCAHONTAS AVE  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: POLEN, JEFFREY BRYCE P  
Address: 7001 W POCAHONTAS AVE  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Change (X) Addition  
Name: POLEN, WAYNE S  
Address: 1527 CALIFORNIA TRL  
City-St-Zip: PLANO, TX 75023

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: JEFFREY BRYCE POLEN

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07/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date