


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000034008 1. Entity Name AD PRO. & PROMOTIONS, INC. |  |
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|--|--|
| Principal Place of Business 7001 W POCAHONTAS AVE TAMPA FL 33634 | Mailing Address 7001 W POCAHONTAS AVE TAMPA FL 33634 |
|--|--|



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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

1st MOORE CR2E034 (10/07)

| | |
|--|---|
| 6. Name and Address of Current Registered Agent POLEN, JEFFREY BRYCE 7001 W POCAHONTAS AVE TAMPA FL 33634 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

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 *Jeffrey Bryce Polen* 4/18/08
(Signature typed or printed name of registered agent and title to apply) (NOTE: Registered Agent exemption required when "not changing")

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|------------------------|---------------------------------|
| TITLE | P | |
| NAME | POLEN, JEFFREY BRYCE P | |
| STREET ADDRESS | 7001 W POCAHONTAS AVE | |
| CITY-ST-ZIP | TAMPA FL 33634 | |
| TITLE | S | |
| NAME | POLEN, WAYNE S | |
| STREET ADDRESS | 1527 CALIFORNIA TRL | |
| CITY-ST-ZIP | PLANO TX 75023 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|---------------------------|---|
| TITLE | U00000915895 | |
| NAME | | |
| STREET ADDRESS | 05/12/08-80006-025 150.00 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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: *Jeffrey Bryce Polen* 4/18/08 813-888-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER