


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91837 019 ***150.00

DOCUMENT # P990000 89378
1. Entity Name
AMERICANS DEVELOPING AND PRESERVING TOGETHER, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4850 ST. JAMES AVE Suite, Apt. #, etc.		3. Mailing Address 300 FIFTH AVE SOUTH Suite, Apt. #, etc. SUITE 101-242	
City & State TITUSVILLE FL		City & State NAPLES FL	
Zip 32780	Country	Zip 34102	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WATTS, RENITA
Street Address (P.O. Box Number is Not Acceptable): 4850 ST. JAMES AVENUE
City: TITUSVILLE FL Zip Code: 32780

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	JIM JOHNSON, CHAIRMAN/PRES #20 JUSTICE LANE CONWAY AR 72023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLEEN EDDLEMON, SECR. 2309 LINDA LANE JACKSONVILLE AR 72076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON DAVIS, TREASURER 311 BOBWHITE LONGKE AR 72086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE WOLFF, MEMBER 2802 MILLBROOK RD LITTLE ROCK, AR 72227	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIL HAWKINS, MEMBER 4205 ARLINGTON DR. NORTH LITTLE ROCK AR 72116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON CULPEPPER, MEMBER 7310 W. RIDGE CIRCLE SHERWOOD AR 72120	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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employment.

SIGNATURE: [Signature] Date: 4-21-03 Daytime Phone # _____

CR2E034B (12/02)