2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # S57768

1. Entity Name

A.D.E. AUTO CENTER, INC.

Principal Place of Business	Mailing Address
2005 S. ADAMS TALLAHASSEE FL 32301	2005 S. ADAMS TALLAHASSEE FL 32301

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	4. FEI Number 59-3065903 / Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AVERETTE, RICHARD P 2005 S. ADAMS STREET TALLAHASSEE FL 32301	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 _____

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME AVERETTE, RICHARD P STREET ADDRESS 4573 AUTUMN WOODS WAY CITY-ST-ZIP TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPD NAME GROOVER, JAMES L STREET ADDRESS P.O. BOX 766, N/A CITY-ST-ZIP MADISON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000360036 05/05/05--80017--002 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard P. Averette Richard P. AVERETTE 4/29/05 850-222-0959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #