


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # S57768</b> 1. Entity Name <b>A.D.E. AUTO CENTER, INC.</b>			<b>FILED</b> 2007 JUL 23 PM 3:51 SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business <b>A.D.E. AUTO CENTER INC          4786 B WOODLANE CIRCLE          TALLAHASSEE, FL 32303</b>		Mailing Address <b>2005 S. ADAMS          TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>A.D.E. AUTO CENTER INC          4786 B Woodlane Circle</b>	
City & State <b>Talla. Fla.</b>		4. FEI Number <b>59-3065903</b>	
Zip <b>32303</b>		Country <b>U.S.</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>AVERETTE, RICHARD P          2005 S. ADAMS STREET          TALLAHASSEE, FL 32301</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Richard P. Averette</b> Street Address (P.O. Box Number is Not Applicable) <b>4786 B Woodlane Circle</b> City <b>Talla.</b> <b>FL</b> Zip Code <b>32303</b>	
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 <b>Richard P. Averette</b> <span style="float: right;">7/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00          Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>AVERETTE, RICHARD P</b> STREET ADDRESS <b>4573 AUTUMN WOODS WAY</b> CITY-ST-ZIP <b>TALLAHASSEE, FL</b>	TITLE NAME <b>700107465047</b> STREET ADDRESS <b>08/07/07--01053--019</b> <b>**150.00</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPD</b> <input type="checkbox"/> Delete NAME <b>GROOVER, JAMES L</b> STREET ADDRESS <b>P.O. BOX 766, N/A</b> CITY-ST-ZIP <b>MADISON, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Richard P. Averette</b>		Date <b>7/23/07</b>	Daytime Phone # <b>856-222-0959</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			