


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S57768
 1. Entity Name
 A.D.E. AUTO CENTER, INC.



FILED
 08 JUL 28 PM 1:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 A.D.E. AUTO CENTER INC
 4786 B WOODLANE CIRCLE
 TALLAHASSEE, FL 32303

Mailing Address
 2005 S. ADAMS
 TALLAHASSEE, FL 32301



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 A.D.E. AUTO CENTER INC.
 4786 B WOODLANE CIRCLE

City & State
 TALL. A. FLA.

4. FEI Number
 59-3065903

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AVERETTE, RICHARD P
 4786 B. WOODLANE CIRCLE
 TALLAHASSEE, FL 32303

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 _____
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
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AVERETTE, RICHARD P	
STREET ADDRESS	4573 AUTUMN WOODS WAY	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROOVER, JAMES L	
STREET ADDRESS	P.O. BOX 766, N/A	
CITY-ST-ZIP	MADISON, FL	
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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700134356427	
CITY-ST-ZIP	08/12/08--01008--015 **150.00	
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 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: Richard P. Averette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/28