


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90011 003 ***150.00

DOCUMENT # 533969		
1. Entity Name AD-INNS, INC.		

Principal Place of Business 1212 MT. VERNON ST. ORLANDO FL 32803 US	Mailing Address 1212 MT. VERNON ST. ORLANDO FL 32803 US
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2. Principal Place of Business		3. Mailing Address P.O. Box 2420	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WINDERMERE FL	
Zip	Country	Zip 34786	Country ORANGE



MOORE CR2E034 (11/03)

4. FEI Number 59-1794531		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LITVANY, SANDRA E 1212 MT. VERNON STREET ORLANDO FL 32803		
7. Name and Address of New Registered Agent Name SANDRA E. Litvany Street Address (P.O. Box Number is Not Acceptable) 515 JENNIFER LANE City WINDERMERE FL Zip Code 34786		

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LITVANY, SANDRA E. 1212 MT. VERNON ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 JENNIFER LANE WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINES, LISA 1212 MT. VERNON ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4516 WAYFARER AVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITVANY, SANDRA E. 1212 MT. VERNON ST. ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 515 JENNIFER LANE WINDERMERE FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Sandra E. Litvany 2/24/03 407-895-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #