## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 03, 2005 8:00 am Secretary of State 03-03-2005 90174 036 \*\*\*150.00

DOCUMENT # P04000110386  1. Entity Name ADG FINANCIAL SERVICES, INC.						03-03-2005	90174 036 ***15	50.00
Principal Place	e of Business	Mailing Address			7	40060	HAA	
357 VENTURA DR OLDSMAR, FL 34677		357 VENTURA DR OLDSMAR, FL 34677				eeri sieri eeri eeri eer	iai kari wali sanga man ishla si	MARK (1 SARE)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012005	Chg-P	CR2E034 (10/03)	
City & State		City & State .			4 FEI Numbe	724379	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Count	try	<u>.)</u>	of Status Desired-	- \$8.75 Add	ditional d
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	tegistered Agent	
SCHIAVO, KIMBERLY J				ivaine				
357 VENTURA DR OLDSMAR, FL 34677			ĺ	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	e
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	registere	ed office or registe	ered agent, or bot	h, in the State of Fk	orida. I am familiar with,	and accept
SIGNATURE Spheture, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when reinstating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$350.00  9. Election Campaign Fir Trust Fund Contribution								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	`			5.00 May Be ided to Fees			
FIL After M	ay 1, 2005 Fee will be \$550.	Trust Fund Cont			ded to Fees	CHANGES TO OFF	ICERS AND DIRECTOR	S (N 11
After M: 10. TILE	ay 1, 2005 Fee will be \$550. OFFICERS AND	Trust Fund Cont	11.	- A	ded to Fees	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
After M: 10. TILE HAME	ay 1, 2005 Fee will be \$550.  OFFICERS AND PVST SCHIAVO, KIMBERLY J	.00 Trust Fund Control DIRECTORS	11.  THE  MANE	Address Addres	ded to Fees	CHANGES TO OFF		<del></del>
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10.  TITLE  HAME  STREET ADDRESS	OFFICERS AND PVST SCHIAVO, KIMBERLY J 357 VENTURA DR	.00 Trust Fund Control DIRECTORS	11. TITLE HAME	E E ET ADORESS -ST-ZIP	ded to Fees	CHANGES TO OFF		<del></del>
10.  TITLE  WAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME	OFFICERS AND OFFICERS AND PVST SCHIAVO, KIMBERLY J 357 VENTURA DR OLDSMAR, FL 34877 D SCHIAVO, KIMBERLY J	Trust Fund Control O DIRECTORS	11. TITLE NAME NAME	Add	ded to Fees	CHANGES TO OFF	☐ Change	Addition
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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 tike empowered.

3-1-05