

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/1:


**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90003 039 \*\*\*150.00  
07-05-2005 90120 042 \*\*\*400.00

**50054809**



06092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F00000004495</b>					
1. Entity Name <b>AD, INC. - FLORIDA DISTRIBUTION</b>					
Principal Place of Business <b>506 MUNICIPAL AVENUE JEFFERSON CITY, TN 37760</b>			Mailing Address <b>506 MUNICIPAL AVENUE JEFFERSON CITY, TN 37760</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-4316700</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRADY, ANTHONY 7630 CURRENCY DRIVE ORLANDO, FL 32809</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLSWORTH, WENDELL E		NAME		
STREET ADDRESS	1001 PERRY STREET		STREET ADDRESS		
CITY-ST-ZIP	ALGOMA, WI 54201		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAPLES, DANIEL R		NAME		
STREET ADDRESS	4 E. STOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARLTON, NJ 08053		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROE, RODERICK J		NAME		
STREET ADDRESS	506 MUNICIPAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY, TN 37760		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWARD, BRAD J		NAME		
STREET ADDRESS	506 MUNICIPAL AVE		STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY, TN 37760		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Roderick J. Roe</i>			6/8/05 865-471-6300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		