


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90215 006 ***150.00

DOCUMENT # P98000041611

1. Entity Name
A D & S S INC.



Principal Place of Business
**2190 HWY. 29 NORTH
 CANTONMENT, FL 32533**

Mailing Address
**2190 HWY. 29 NORTH
 CANTONMENT, FL 32533**

2. Principal Place of Business
2184 N. Highway 29

3. Mailing Address
2184 N. Highway 29

Suite, Apt. #, etc.

City & State
Cantonment FL

City & State
Cantonment FL

Zip
32533-5178

Country

6. Name and Address of Current Registered Agent

**SIMPKINS, ARCHIE D
 2190 HWY. 29 NORTH
 CANTONMENT, FL 32533**

40067871



04192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3514036

Applied For
 Not Applicable

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

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
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STP SIMPKINS, ARCHIE D 2190 HWY. 29 NORTH CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STP SIMPKINS, ARCHIE D 2184 N. Highway 29 CANTONMENT, FL 32533-5178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SIMPKINS, SIGNORIA 2190 HWY 29 N CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Simpkins, Signoria 2184 N. Highway 29 CANTONMENT, FL 32533-5178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Archie D. Simpkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 850-332-6872
Date Daytime Phone #