


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111237 1. Entity Name A & D ENTERPRISES 2000, INC.		
Principal Place of Business 207 SE 20TH PL CAPE CORAL, FL 33990	Mailing Address 207 SE 20TH PL CAPE CORAL, FL 33990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LODISH, ALVIN 2500 1ST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131-2336		DO NOT WRITE IN THIS SPACE
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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, JOHN 217 SE 20TH PLACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, ELIZABETH 217 SE 20TH PLACE CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, GEORGE 500 NW 165TH ST/RD #204 MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>x John D. Henderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/19/06</u> Date Daytime Phone #



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0984241

Applied For
Not Applicable

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

000000530200
05/05/06-80107-013 150.00

**DO NOT WRITE
IN THIS SPACE**