

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 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



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LODISH, ALVIN
2500 1ST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI, FL 33131-2336

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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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENDERSON, JOHN
STREET ADDRESS	217 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	HENDERSON, ELIZABETH
STREET ADDRESS	217 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	LOCKE, GEORGE
STREET ADDRESS	500 NW 165TH ST/RD #204
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/27/07-80021-023 150.00

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #