

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 262724

**Entity Name:** ADGER-SMITH-WELLS INC**Current Principal Place of Business:**873 ADGER SMITH LANE  
MELBOURNE, FL 32935**Current Mailing Address:**873 ADGER SMITH LANE  
MELBOURNE, FL 32935 US**FEI Number:** 59-0977911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRUCE, CONSTANCE N.  
873 ADGER SMITH WELLS INC.  
MELBOURNE, FL 32935 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	BRUCE, CONSTANCE N.
Address	873 ADGER SMITH LN
City-State-Zip:	MELBOURNE FL 32935

Title	VD
Name	BRUCE, GEORGE A
Address	873 ADGER SMITH LN
City-State-Zip:	MELBOURNE FL

Title	STD
Name	GARY, LISA
Address	873 ADGER SMITH LN
City-State-Zip:	MELBOURNE FL

Title	VPD
Name	GARY, BRADFORD L.
Address	873 ADGER SMITH LANE
City-State-Zip:	MELBOURNE FL 32935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA GARY

STD

04/11/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date