


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 143132	
1. Entity Name AMERICAN DEVELOPMENT CORPORATION	

Principal Place of Business 4000 OLD DIXIE HWY ORMOND BCH, FL 32174 US	Mailing Address 4000 OLD DIXIE HWY ORMOND BCH, FL 32174 US
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1841061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TUMBLESON, J. DOYLE 150 S. PALMETTO AVE. DAYTONA BEACH, FL 32014	<b>DO NOT WRITE IN THIS SPACE</b>

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 _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD UANINO, ANTHONY 3400 HALIFAX CLUB HOUSE DRIVE ORMOND BEACH, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS RODGERS, ANN 4000 OLD DIXIE HWY ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAROSIK, THOMAS 4000 OLD DIXIE HWY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SLOOTMAKER, ADRIAN P 280 CORP CTR, 7 BECKER FARM RD ROSELAND, NJ 07068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPE BILL, MINK 200 CAMPUS DRIVE STE 200 FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000211509  
02/02/05-80122-002 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Anthony Uanino Pres</u>	Date: <u>1/31/05</u>	Daytime Phone #: <u>386 676 9600</u>
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