


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90180 017 ***158.75

DOCUMENT # 228383 1. Entity Name ARDAMAN INDUSTRIES, INC.					
Principal Place of Business 13432 HARTLE ROAD CLERMONT, FL 34711			Mailing Address 13900 C.R. 455 STE 107-301 CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 1904 SPRING LAKE RD		3. Mailing Address 1904 SPRING LAKE RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FRUITLAND PARK		City & State FRUITLAND PARK		4. FEI Number 59-1028534	
Zip 34731		Country USA		Applied For Not Applicable	
Zip 34731		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, L G 13432 HARTLE ROAD CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name SMITH, L. G. Street Address (P.O. Box Number is Not Acceptable) 1904 SPRING LAKE ROAD City FRUITLAND PARK FL Zip Code 34731	
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: <u><i>L G Smith</i></u> L.G. SMITH, PRESIDENT 04/02/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, C.J. 13432 HARTLE ROAD CLERMONT, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 SPRING LAKE ROAD FRUITLAND PARK, FL 34731
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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: <u><i>L G Smith</i></u> L.G. SMITH 04/02/07 (407) 656-5008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					