


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90080 037 \*\*\*150.00

**DOCUMENT # 262724**  
 1. Entity Name  
**ADGER-SMITH-WELLS INC**



Principal Place of Business Mailing Address  
**873 ADGER SMITH LANE** **873 ADGER SMITH LANE**  
**MELBOURNE FL 32935** **MELBOURNE FL 32935**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-0977911**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRUCE, CONSTANCE N.**  
**879 ADGER SMITH WELLS INC.**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUCE, CONSTANCE N.	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT V	
STREET ADDRESS	168 SAN JUAN CIR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUCE, GEORGE A	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTER, WILLIAM C	
STREET ADDRESS	1380 SARNO ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARY, LISA	
STREET ADDRESS	873 ADGER SMITH LN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *CONSTANCE N. BRUCE* *Constance N. Bruce* **4/19/04** **321-254-2446**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #