

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 262724

FILED  
Jan 03, 2012  
Secretary of State

Entity Name: ADGER-SMITH-WELLS INC

**Current Principal Place of Business:**

873 ADGER SMITH LANE  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

873 ADGER SMITH LANE  
MELBOURNE, FL 32935 US

**New Mailing Address:**

FEI Number: 59-0977911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE, CONSTANCE N.  
873 ADGER SMITH WELLS INC.  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: JOHNSON, ROBERT V  
Address: 735 WINGFOOT LANE  
City-St-Zip: MELBOURNE, FL 32940

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

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

Title: VPD  
Name: GARY, BRADFORD L.  
Address: 873 ADGER SMITH LANE  
City-St-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

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date