


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State


04-15-2004 90043 046 ***158.75

DOCUMENT # 430983	
1. Entity Name THE AD SHOP INC.	

Principal Place of Business 3990 N. 32 TERRACE HOLLYWOOD FL 33021 US	Mailing Address 3990 N 32 TERRACE HOLLYWOOD FL 33021 US
--	---

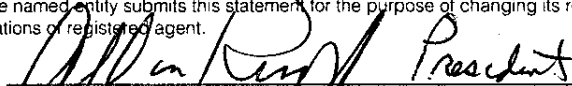
2. Principal Place of Business 2480 WHISPERING OAKS LANE Suite, Apt. #, etc.	3. Mailing Address 2480 WHISPERING OAKS LANE Suite, Apt. #, etc.
---	---

City & State DeLray Beach, FL	City & State DeLray Beach, Florida
Zip 33445	Country USA

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-1708967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRIEFF, ALLAN 3990 N 32 TERRACE HOLLYWOOD FL 33021	
--	--

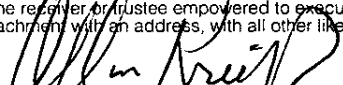
7. Name and Address of New Registered Agent Name KRIEFF, ALLAN Street Address (P.O. Box Number is Not Acceptable) 2480 WHISPERING OAKS LANE City DeLray Beach FL 33445	
--	--

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  President DATE 4-12-04	
---	--

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIEFF, ALLAN 3990 N. 32 TERRACE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRIEFF, BETH 3990 N. 32 TERRACE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRIEFF, DEBORAH 3990 N. 32 TERRACE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEFF, BETH 3990 N. 32 TERRACE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRIEFF, ALLAN 2480 WHISPERING OAKS LANE DeLray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRIEFF, BETH 2480 WHISPERING OAKS LANE DeLray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRIEFF, DEBORAH 2480 WHISPERING OAKS LANE DeLray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KRIEFF, BETH 2480 WHISPERING OAKS LANE DeLray Beach, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ALLAN KRIEFF DATE 4/12/04 DAYTIME PHONE # 561-498-7507	