

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 430983

1. Entity Name  
THE AD SHOP INC.



Principal Place of Business  
2480 WHISPERING OAKS LANE  
DELRAY BEACH, FL 33445 US

Mailing Address  
2480 WHISPERING OAKS LANE  
DELRAY BEACH, FL 33445 US

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**



04042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1708967

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KRIEFF, ALLAN  
2480 WHISPERING OAKS LANE  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KRIEFF, ALLAN  
STREET ADDRESS 2480 WHISPERING OAKS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ST  
NAME KRIEFF, BETH  
STREET ADDRESS 2480 WHISPERING OAKS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE VD  
NAME KRIEFF, DEBORAH  
STREET ADDRESS 2480 WHISPERING OAKS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D  
NAME KRIEFF, BETH  
STREET ADDRESS 2480 WHISPERING OAKS LANE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 561-498-7507

Date

Daytime Phone #