


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 435551 1. Entity Name ADOLPHUS-WARFIELD, INC.	
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Principal Place of Business 513 SOUTHARD STREET KEY WEST, FL 33040	Mailing Address 513 SOUTHARD STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2267232	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FREEMAN (DAVID W.)
513 SOUTHARD STREET
KEY WEST, FL**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FREEMAN, DAVID W 3700 FLAGLER AVENUE KEY WEST, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FREEMAN, ELIZABETH M 183 SAWYER DRIVE SUMMERLAND KEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FREEMAN, ELIZABETH C 3700 FLAGLER AVENUE KEY WEST, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LA RUE, DOUGLAS 513 SOUTHARD ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

0000002-6805
02/28/05-31012-000 158.75

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: DAVID W. FREEMAN CPCU 224-05-305294-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #