

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90168 037 \*\*\*158.75

**DOCUMENT # 435551**

1. Entity Name  
ADOLPHUS-WARFIELD, INC.



Principal Place of Business  
513 SOUTHARD STREET  
KEY WEST, FL 33040

Mailing Address  
513 SOUTHARD STREET  
KEY WEST, FL 33040

40000964



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-2267232

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME FREEMAN, DAVID W  
STREET ADDRESS 3700 FLAGLER AVENUE  
CITY-ST-ZIP KEY WEST, FL 00000.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME FREEMAN, ELIZABETH M  
STREET ADDRESS 183 SAWYER DRIVE  
CITY-ST-ZIP SUMMERLAND KEY, FL

TITLE TD ☒ Change ☐ Addition  
NAME Elizabeth M Freeman  
STREET ADDRESS 513 Southard St Key West Fl 33040  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FREEMAN, ELIZABETH C  
STREET ADDRESS 3700 FLAGLER AVENUE  
CITY-ST-ZIP KEY WEST, FL 00000.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LA RUE, DOUGLAS  
STREET ADDRESS 513 SOUTHARD ST  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* David W Freeman

1 6 2006

305 294 2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #