


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 435551</b> 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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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2267232	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FREEMAN (DAVID W.) 513 SOUTHARD STREET KEY WEST, FL
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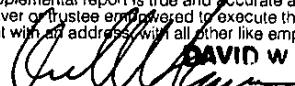
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	U00000579202 01/09/07-80060-017 158.75
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 513 SOUTHARD ST KEY WEST, FL 33040
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	

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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.	<b>SIGNATURE:</b>  <b>DAVID W FREEMAN CPCU</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-3-2007 Date	305 294 2542 Daytime Phone #
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