

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-04-2006 90201 050 ***150.00

DOCUMENT # 622543

1. Entity Name
AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.



Principal Place of Business
**600 BYPASS DR #205
 CLEARWATER, FL 33764 US**

Mailing Address
**600 BYPASS DR #205
 CLEARWATER, FL 33764 US**

OLD ADDRESS

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1923274

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**MALONEY, JOHN L E
 3862 CENTRAL AVE
 SAINT PETERSBURG, FL 33711**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HASKELL, RAY R. 6727 TWELVE OAKS BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD HASKELL, SUSIE 6727 TWELVE OAKS BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	


**DO NOT WRITE
 IN THIS SPACE**

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

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 622543					
1. Entity Name AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.					
Principal Place of Business 600 BYPASS DR #205 CLEARWATER, FL 33764 US			Mailing Address 600 BYPASS DR #205 CLEARWATER, FL 33764 US		
2. Principal Place of Business 6727 Twelve Oaks Blvd. Sub, Apt. #, etc.			3. Mailing Address 6727 Twelve Oaks Blvd. Sub, Apt. #, etc.		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33634		Country USA	Zip 33634		Country USA
4. FEI Number 59-1923274			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MALONEY, JOHN L. E 3862 CENTRAL AVE SAINT PETERSBURG, FL 33711			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relevant) DATE</small>					
FILE NOW!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HASKELL, RAY R.		NAME		
STREET ADDRESS	6727 TWELVE OAKS BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	33634	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HASKELL, SUSIE		NAME		
STREET ADDRESS	6727 TWELVE OAKS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	33634	
TITLE		<input type="checkbox"/> Delete	TITLE		Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 empowers.					
SIGNATURE: <i>Susie T. Haskell</i>			Date: 4/25/06 (813) 886-0204		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT #66031626



07072006 Chg-P CR2E034 (11/05)

corrected forms as requested. copies in file

Susie T. Haskell-Vice President

ATTACHMENT 6602/626

622545

AMERICAN DIVERSIFIED INSURANCE SERVICES, INC.

"WE ARE MOVING"

EFFECTIVE APRIL 20th, our office will close for the move and resume business as usual on April 27th.

We will maintain our watta line 800-441-3112, but our direct number will change from 727-726-6700 to 813-886-0204. Our new fax# will be 813-886-0190.

Please change your records to reflect our change of address:

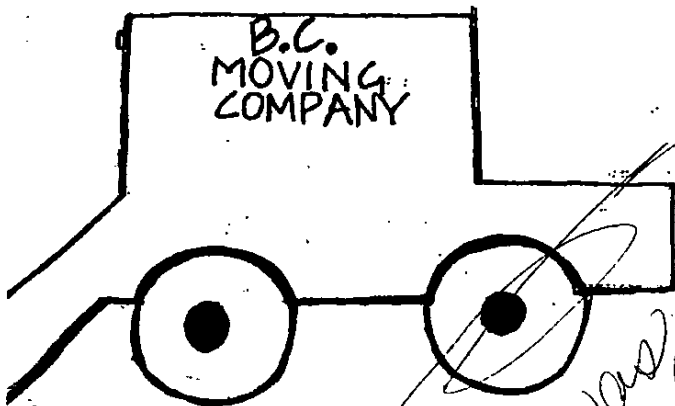
American Diversified Insurance Services
c/o Ray R. Haskell
6727 Twelve Oaks Blvd.
Tampa, FL. 33634-2265

We are sorry for the inconvenience and thank you for consideration during this move.

Please make the changes
in your records.

Thank you,
Susie G. Haskell

FROM THE
STAFF OF ADIS!



This was
attached
sent it
to our
old



anyway

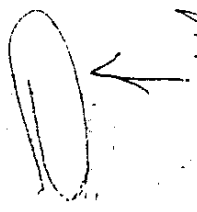
ATTACHMENT 66021626

#622543



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

Even after sending a change
of address (which was returned
with letter) your letter was
mailed to the old address
anyway. Thus causing a
severe delay.



Mailed

AMERSOOR: 3376415384 15066 30 06/29/06
NOTIFY SEND PER OF THE NEW ADDRESS
AMERICAN DIVERSIFIED INSURANCE
47221 AVENUE 94K13285
TAMPA FL 33604

WE
Rec'd
6/30/06

3376415075-55 C051

|||||