2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2004 8:00 am **DOCUMENT # 681273 Secretary of State** 1. Entity Name 03-19-2004 90064 023 ***155.00 AD INDUSTRIES, INC. Principal Place of Business Mailing Address 965 ISLAND CLUB SQ VERO BEACH FL 32963 965 ISLAND CLUB SQ VERO BEACH FL 32963 24025440 2. Principal Place of Business *la.wevine Lane Suite, Apt. #, etc Suite. Apt. #. etc CR2E034 (11/03) Applied For 4. FEI Number 59-2017705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TODD, JOHN D., 639 E. OCEAN AVE., #305 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** Zio 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Addition TITLE □ Defete TITLE DEMAREST, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 965 ISLAND CLUB SQ CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME DEMAREST, ANNE D NAME 965 ISLAND CLUB SQ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Change ☐ Addition STD Delete TITLE TITLE NAME TOMBUL, DESIREE NAME STREET ADDRESS STREET ADDRESS 507 RIVER ROAD CITY-ST-ZIE CITY-ST-ZIF VERO BEACH FL 32963 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Defete TITLE 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplies ental 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 of 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:

FILED