

**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 016 ***158.75

DOCUMENT # 681273	
1. Entity Name AD Industries, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 416 Conn Way		3. Mailing Address PO Box 8308, 6001 Hwy A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach Fl.		City & State Vero Beach	
Zip 32963	Country USA	Zip 32963	Country USA

40044461

CR2E034B (5/07)

4. FEI Number 592017705		Applied For ☐
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name John Todd	
Street Address (P.O. Box Number is Not Acceptable) 639 E. Ocean Ave, Suite 305	
City Dayton Beach	FL Zip Code 32135

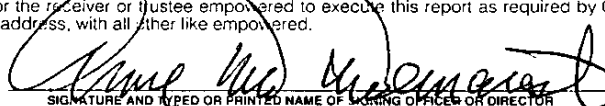
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
		2/17/08

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Demarest George 416 Conn Way Vero Beach, Fl 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Demarest Anne D. 416 Conn Way Vero Beach, Fl 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tombul Desirée 617 Lake Dr. Vero Beach, Fl 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	3/8/08 112-231-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	