## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # F00000000877 ADEL INTERNATIONAL, INC. Principal Place of Business Mailing Address 15035 STERLING OAKS DR. 15035 STERLING OAKS DR. NAPLES, FL 34110 NAPLES, FL 34110 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3380236 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAY, J. GARY DO NOT WRITE 15035 STERLING OAKS DR. NAPLES, FL 34110 IN THIS SPACE 3. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PCD RAY, MERRILY NAME STREET ADDRESS 15035 STERLING OAKS DR. CITY-ST-ZIP NAPLES, FL 04/18/05-80145-022 150.00 VSTD TITLE RAY, J. GARY STREET ADDRESS 15035 STERLING OAKS DR. CITY-ST-ZIP NAPLES, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP



PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**