2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003961

1. Entity Name
ARIADNE SERVICES, INC.

Principal Place of Business	Mailing Address
467 N. GLENCOE RD NEW SMYRNA BEACH, FL 32168	PO BOX 291094 PORT ORANGE, FL 32129-1094

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2265182
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALDEWEIRELDT, JOHN
467 N. GLENCOE RD
NEW SMYRNA BEACH, FL 32168

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9. 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

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $400.00

☐ Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

H05000105303
01/21/05-80013-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PCT
NAME	ALDEWEIRELDT, JOHN
STREET ADDRESS	467 N. GLENCOE RD, EFF.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	VVC
NAME	ALDEWEIRELDT, ATHENA
STREET ADDRESS	467 N. GLENCOE RD, EFF.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
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 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.

SIGNATURE: _____ ALDEWEIRELDT JOHN 1/12/05
(Name and Capacity of Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)