

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 467 N. GLENCOE RD NEW SMYRNA BEACH, FL 32168	Mailing Address PO BOX 291094 PORT ORANGE, FL 32129-1094
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DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

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	DO NOT WRITE IN THIS SPACE
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9. I, the filer, hereby submit this statement for the purpose of changing my 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 resigning) DATE: _____

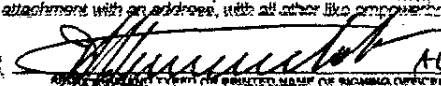
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00	10. Campaign Contribution Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT ALDEWEIRELDT, JOHN 467 N. GLENCOE RD, EFF. NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC ALDEWEIRELDT, ATHENA 467 N. GLENCOE RD, EFF. NEW SMYRNA BEACH, FL 32168
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10/21/05-80013-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE:  ALDEWEIRELDT JOHN 1/12/05

Printed Name: _____ Title: _____ Telephone: _____