

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90021 010 ***158.75

DOCUMENT # F06000000477	
1. Entity Name ADEPT CONSTRUCTION SERVICES, INC.	

Principal Place of Business 1253 TRAILSIDE BLVD WIXOM, MI 48393	Mailing Address 1253 TRAILSIDE BLVD WIXOM, MI 48393
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5223 EMERALD TRACE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SUGAR LAND, TEXAS
Zip	Country
77479	FT. BEND



06112007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0547570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT PATEL, HEMAL B 1253 TRAILSIDE BLVD WIXOM, MI 48393 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HEMAL B. PATEL 5223 EMERALD TRACE CT. SUGAR LAND TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPS PATEL, BHARAT B 1253 TRAILSIDE BLVD WIXOM, MI 48393 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL BHARAT B. 5223 EMERALD TRACE CT. SUGAR LAND, TX 77479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bharat Patel **BHARAT PATEL, SECRETARY** 248 207 0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #