2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

DOCUMENT # F50290 Mar 12, 2005 08:00 AM 1, Entity Name **Secretary of State** ADEPTUS INDUSTRIES, INC. Mailing Address Principal Place of Business 6224 17TH ST. E. BRADENTON FL 34203 US 29 P.O. BOX 1103 TALLEVAST FL 34270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2141359 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRALEY, DAN L Street Address (P.O. Box Number is Not Acceptable) 6224 17TH ST E **BRADENTON FL 34203** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDT TITLE ☐ Delete TITLE Addition NAME FRALEY, DAN L NAME U00000280634 6224 17TH ST E STREET ADDRESS STREET ADDRESS 03/12/05-80033-006 150.00 CITY ST-ZIP BRADENTON FL City-St-7IP TITLE Delete Change Addition TITLE NAME FRALEY, RICHARD NAME STREET ADDRESS 6224 17TH ST E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FRALEY, KENNETH L. NAME STREET ADDRESS STREET ADDRESS 6224 17TH ST. E. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Addition TITLE Delete TITLE Change FRALEY, PATRICK K. NAME NAME STREET ADDRESS 6224 17TH ST. E. STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 truetee empended 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 will an address, with all other like empowered.

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with all other like empowered.

SIGNATURE AND TYPED OFFICINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED