## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # F50290 1. Entity Name ADEPTUS INDUSTRIES, INC. Principal Place of Business Mailing Address 6224 17TH ST. E. BRADENTON, FL 34203 P.O. BOX 1103 TALLEVAST, FL 34270 US CR2E034 (11/05) 01172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2141359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\square$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOOLLEY DEBRA A 6224 17TH ST E BRADENTON, FL 34203 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 | 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FRALEY, RICHARD A NAME U00000608657 6224 17TH ST E STREET ADDRESS 02/01/07-80013-020 150.00 CHY-ST-ZP BRADENTON, FL TITLE FRALEY, KENNETH L NAME STREET ADDRESS 6224 17TH ST E CITY-ST-ZIP BRADENTON, FL NAME FRALEY, PATRICK K 6224 17TH ST. E. STREET ADDRESS DO NOT WRITE City-ST-ZIP BRADENTON, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TiTi F NAME STREET ADDRESS

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:

CITY-ST-ZIP

THEE
NAME
STREET ADDRESS
CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13601 201

941-756-7636

**FILED**