2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

DOCUMENT # F83540 t. Entity Name ADVANCED DEVELOPMENT SYSTEMS, INC.									Feb 04, 20 Secreta	04 08 ary of S	:00 A] State	M
Principal Place	o of Business		adailin	n Address		1						٠
6319 CHAU		Mailing Address 6319 CHAUNCY ST				1						
TAMPA FL S		TAMPA FL 33647				- [
2. Principal P	Place of Busine	ess	3. Mailing Address				$\neg \uparrow$					
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Suite, Apt	#, etc		Suite, Apt. #, etc.						MOORE	CR2E034	(11/03)	
City & State	e	·	City & State					4. F	59-220455	·		plied For
							}		39-22043			t Applicable
Z _I p Country			Z _i p Cour			stry	5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Curre	nt Registere	ed Agent	·			7. N	ame and Address of New	Registered /	lgent	
	20114 14	L450				Name						_
MESSINA, JAMES J 6319 CHAUNCY ST.						Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33647											- _	
						City					Zio Code	2
8. The above named entity submits this statement for the purpose of changing its regis						1				FL		
the obligat	signatura. I pad s	r primed name of regulated age	un	ina		ed Agent signature			instanne)	DATE		· · · · · · · · · · · · · · · · · · ·
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaign I Trust Fund Contribu	tion.	Added	O May Be 1 to Fees
10.	1	OFFICERS AN	D DIRECTO					AD	DITIONS/CHANGES TO D	FICERS AND		
TITLE NAME	VP MESSINA	CONSTANCE M		☐ Delete	1111 AAA	į.			Hooooo	35126	☐ Change	☐ Addition
NAME MESSINA, CONSTANCE M STREET ADDRESS 6319 CHAUNCY ST.			3			EET ADDRESS		U00000035186 02/06/04-80009-001 150.00			Ò	
City SI-ZiP	TAMPA FL				çır	Y-ST 28P						
mre	P ()			Delete	THE NAM	ŀ					Change	Addition
NAME MESSIVA, JAMES J STREET ADDRESS 6349 CHAUNCY ST.				8 **		KET ADDRESS						
CATY - ST - ZIP	TAMPA FL				Y-SI-\$IP						<u></u> -	
TITLE				☐ Detete	7171	1					☐ Change	Addition
NAME STREET ADDRESS			•		AAN atz	AE BEET ADDRESS						
CITY-ST-ZIP						Y-SI-78P						
TITLE				☐ Desete	TITE	LE .					☐ Change	Addition
NAME	-				NA)	3						
STREET ADDRESS CITY-ST-ZIP						IEET ADDRESS Y-ST-ZIP						
TIFLE			=	☐ Delete	Titte	}				<u> </u>	Change	☐ Addition
NAME					NA	VE					_ •	
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP	 		·	<u> </u>		Y-ST-ZIP					☐ Change	D Addition
TITLE NAME				Delete	ISI NA	1					☐ Change	☐ Addition
STREET ADDRESS					4	REET ADDRESS						
CITY-ST-ZIP					<u> 2</u>	Y-ST-ZIP		**	···			
12. I hereby indicated of the coi changed	certify that the d on this repor irporation or th i, or on an atta	e information supplied value or supplemental repoi to receiver or trustee en chiment with an address	with this filling t is true and apowered to s, with all of	does not qualify for accurate and that execute this report her like empowered	or the ex- my signa t as requ 1.	emption states ature shall hav iired by Chap	d in Set ve the s ter 607,	ction same t , Flori	119.07(3)(i), Florida Statute legal effect as if made unde da Statules; and that my na	s. I further cer er oath, that I ime appears	tify that the it am an officer n Block 10 o	nformation or director r Block 11 if

FILED

Daytime Phone #