

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90011 013 ***550.00

DOCUMENT # F83540

1. Entity Name
ADVANCED DEVELOPMENT SYSTEMS, INC.



Principal Place of Business

**6319 CHAUNCY ST
TAMPA, FL 33647**

Mailing Address

**6319 CHAUNCY ST
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



08262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2204555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MESSINA, JAMES J
6319 CHAUNCY ST.
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MESSINA, CONSTANCE M
6319 CHAUNCY ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MESSINA, JAMES J
6319 CHAUNCY ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Constance Messina
CONSTANCE MESSINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/05
Date

813-631-5176
Daytime Phone #