


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 009 ***150.00

DOCUMENT # F96000004991	
1. Entity Name G.S. DADELAND, INC.	

Principal Place of Business 1300 METROPOLITAN <i>1535 SW 88</i> OKLAHOMA CITY, OK 73108 <i>Ste 1050</i> <i>Miami FL 33156</i>	Mailing Address 1300 METROPOLITAN OKLAHOMA CITY, OK 73108
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50047342



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1502193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUCCIO, ROBERT 7246 COPPERFIELD CIRCLE LAKE WORTH, FL 33467 <i>9240 Dundee Dr.</i>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUNTS, JACK E JR <i>James P. O'Neal Ste</i> 1300 METROPOLITAN <i>2601 Network Blvd 407</i> OKLAHOMA CITY, OK 73108 <i>Frisco TX 75034</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHILTON, MICHELLE 1300 METROPOLITAN OKLAHOMA CITY, OK 73108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VG CFO / Treasurer</i> HARDAWAY, KYP 1300 METROPOLITAN OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Director</i> COUNTS, JACK E. JR 1300 METROPOLITAN OKC OK 73108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: <i>Michelle Chilton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>4/28/05</i> Daytime Phone #
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