

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000005946

1. Entity Name

AD VENTURES ADVERTISING, INC.



Principal Place of Business

**888 E LAS OLAS BLVD
STE 603
FORT LAUDERDALE, FL 33301**

Mailing Address

**575 LYNN HAVEN PKWY.
3RD FLOOR
VIRGINIA BEACH, VA 23452**

DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number

52-1432533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONASTRA, JAMES
888 E. LAS OLAS BLVD
STE 603
FORT LAUDERDALE, FL 33301**

**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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	TAKACH, JOSEPH
STREET ADDRESS	948 MORADO CT.
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456
TITLE	ST
NAME	TAKACH, PAIGE S
STREET ADDRESS	948 MORADO CT.
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456
TITLE	V
NAME	TAKACH, JOSEPH
STREET ADDRESS	948 MORADO COURT
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456
TITLE	T
NAME	TAKACH, PAIGE S
STREET ADDRESS	948 MORADO COURT
CITY-ST-ZIP	VIRGINIA BEACH, VA 23456
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH TAKACH

7/6/05

757-346-7425

Date

Daytime Phone #