

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90141 033 ***158.75

DOCUMENT # H02043

1. Entity Name
THE ADP GROUP, INCORPORATED



Principal Place of Business
**149 COCOANUT AVE
SARASOTA, FL 34236**

Mailing Address
**149 COCOANUT AVE
SARASOTA, FL 34236**



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2381135	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, THEODORE
2033 MAIN ST., SUITE 100
SARASOTA, FL 34237**

**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 6, 2006**

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	PD
NAME	FRANKLIN, BRUCE
STREET ADDRESS	149 COCOANUT AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	TOWN, ROBERT M., III
STREET ADDRESS	149 COCOANUT AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SUAREZ-GONZALEZ, JAVIER
STREET ADDRESS	149 COCOANUT AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	M
NAME	HOUK, PETER
STREET ADDRESS	149 COCONUT AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/06 9419571435