

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35848

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: ADAIR, FULLER, WITCHER & MALCOM, P.A. CERTIFIED PUBLIC ACCOUNTANTS

## Current Principal Place of Business:

TRADE CENTRE SOUTH  
100 W CYPRESS CRK RD, STE 1045  
FT LAUDERDALE, FL 333092115 US

## New Principal Place of Business:

## Current Mailing Address:

TRADE CENTRE SOUTH  
100 W CYPRESS CRK RD, STE 1045  
FT. LAUD, FL 333092115 US

## New Mailing Address:

FEI Number: 59-2474542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAI, MICHAEL R  
100 WEST CYPRESS CRK RD, STE 1045  
FT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ADAIR, MICHAEL R.,  
Address: 3642 HIGH PINE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 330656011

Title: DVP ( ) Delete  
Name: FULLER, STEVEN E.  
Address: 3150 SW 135 TERRACE  
City-St-Zip: DAVIE, FL 33330

Title: DS ( ) Delete  
Name: WITCHER, TERRELL W.,  
Address: 9040 SW 54 ST.  
City-St-Zip: COOPER CITY, FL 33328

Title: DT ( ) Delete  
Name: MALCOM, WILLIAM A.,  
Address: 5738 REYNOLDS RD  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. ADAIR

DP

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date