2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71708

Address:

City-St-Zip:

550 AERO LN

SANFORD, FL 32771

FILED Jan 14, 2009 Secretary of State

Entity Name: ADAPCO, INC.					
Current P	rincipal Place	e of Business:	New Principal Place o	of Business:	
550 AERO SANFORD	LN), FL 3277163	42 US			
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
550 AERO SANFORD	LN), FL 3277163	42 US			
FEI Number:	59-2574523	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WOOLDRIDGE, ALLEN W 550 AERO LN SANFORD, FL 32771 US			BURT, STEPHEN M 550 AERO LN SANFORD, FL 32771	US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: STEPHEN M BURT				01/14/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BURT, STEPH 550 AERO LN SANFORD, FL		Title: (Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	CFO (ETRE, III, ALP 550 AERO LN SANFORD, FL		Title: (Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	RIORDAN, AID	T ST, STE 1800	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIORDAN, AID	T ST, STE 1800	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (WELLS, THOM) Delete IAS	Title: (Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN M BURT PD 01/14/2009