

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90024 044 ***150.00

DOCUMENT # H98841	
1. Entity Name ADAIR EXECUTIVE SERVICES, INC.	

Principal Place of Business 1330 CHANCELLOR DR. HOLIDAY, FL 34690	Mailing Address 1330 CHANCELLOR DR. HOLIDAY, FL 34690 9015 Ruger Dr. New Port Richey, FL 34655
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2674235	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ADAIR, PEGGY G.	PEGGY G. ADAIR
1330 CHANCELLOR DRIVE	9015 RUGER DR
HOLIDAY, FL 34690	NEW PORT RICHEY, FL 34655

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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 PEGGY G. ADAIR	DATE 4/8/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAIR, MICHAEL A. 1330 CHANCELLOR DRIVE HOLIDAY, FL 34690 6412 Wooden St New Port Richey Florida 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAIR, HENRY N. 1330 CHANCELLOR DRIVE HOLIDAY, FL 34690 9015 Ruger Dr New Port Richey FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAIR, PEGGY G. 1330 CHANCELLOR DRIVE HOLIDAY, FL 34690 9015 Ruger Dr New Port Richey FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: HENRY N. ADAIR, PRESIDENT	DATE APRIL 8, 2005

727-934-4561