## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



Not Applied   September   Se	DOCUMENT # H98841  1. Entity Name ADAIR EXECUTIVE SERVICES, INC.					Secretary of State 05-02-2006 90149 003 ***150.00				
Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  Suite, Apt. 8, etc.  City 8 Street  City 8 Street  Country  Country  Country  Soverand Address of Current Registered Agent  ADAIR, PEGGY G.  9015 RUGER DR  NEW PORT RICHEY, FL 34655  Size Additional February  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE Sovery Fight present energy of registered agent and title 6 spokester.  NEW PORT RICHEY, FL 34655  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE Sovery Fight present energy of registered agent. (NOTE Registered Agent sgreater required whom remotating)  PARTIL 24 2004  AFTILE NOW!!! FEE IS \$150.00  After Many 1, 2006 Fee will be \$350.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE ADAIR, MICHAEL A.  SIRET ADDRESS  GIT-SI-ZP  NEW PORT RICHEY, FL 34652  TITLE  NEW PORT RICHEY, FL 34655  Delete  INE  ADAIR, HENRY N.  SIRET ADDRESS  GIT-SI-ZP  NEW PORT RICHEY, FL 34655  THE  THE  THE  THE  THE  THE  THE  T	+930 CHANCELLOR DR. 9015 RUGER DR					·強いい・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of St										
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Siph Status Desired   \$8.75 Additional Fee Required   \$8.75 Ad	NEW 7		City & State					Applied For Not Applicable		
ADAIR, PEGGY G. 9015 RUGER DR NEW PORT RICHEY, FL 34655  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.  SIGNATURE  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  VD.  ADAIR, MICHAEL A.  SIRETADORESS CITY-ST-ZP NEW PORT RICHEY, FL 34655  CITY-ST-ZP NEW PORT RICHEY, FL 34655  TITLE  PD  Delete  ITILE  NAME  ADAIR, HENRY N.  SIRETADORESS CITY-ST-ZP NEW PORT RICHEY, FL 34655  CITY-ST-ZP NEW PORT RICHEY, FL 34655  TITLE  Delete  ITILE  Change ADAIR, HENRY N.  SIRETADORESS CITY-ST-ZP NEW PORT RICHEY, FL 34655  CITY-ST-ZP NEW PORT RICHEY, FL 34655  CITY-ST-ZP NEW PORT RICHEY, FL 34655  TITLE  Change ADAIR, HENRY N.  SIRETADORESS CITY-ST-ZP NEW PORT RICHEY, FL 34655			Zip Counti			5. Certificate	of Status Desired			
ADAIR, PEGGY G.  9015 RUGER DR  NEW PORT RICHEY, FL 34655  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  VD.  ADAIR, MICHAEL A.  SIRETADORESS  CITY-ST-ZIP  ITILE  PD  ADAIR, HENRY N.  SIRETADORESS  GITY-ST-ZIP  ITILE  STD  Delete  ITILE  Change  A  Chan	-	6. Name and Address of Current F	Registered Agent		Vamo	7. Name and	Address of New R	Registered Agent		
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE Sometimes of registered agent and the flaposeable. (NOTE Registered Agent sgnshire required when renstating)  PARKU 24 2026  APRIL 2026  APRIL 2006  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. On Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. On Added to Fees Added to Fees Trust Fund Contribution. On The Make Added to Fees Trust Fund Contribution. On The Make STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652  TITLE PD On Delete TITLE On The Make STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  TITLE STD On Delete TITLE On The Make STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  TITLE STD On Delete TITLE On The Make STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34655  TITLE STD On Delete TITLE On The Make STREET ADDRESS CITY-ST-ZIP TITLE On The Make STREET ADDRESS CITY-ST-ZIP TITLE On The Make STREET ADDRESS CITY-ST-ZIP TITLE ON THE	9015 RUGER DR									
SIGNATURE Signature of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17.  TITLE VD. Delete ITILE  NAME ADAIR, MICHAEL A.  STREET ADDRESS. CITY-ST-ZIP  TITLE PD Delete ITILE  NAME ADAIR, HENRY N.  STREET ADDRESS. STREET ADDRESS. STREET ADDRESS. CITY-ST-ZIP  NEW PORT RICHEY, FL 34655  TITLE STD Delete ITILE  Change AME  STREET ADDRESS. CITY-ST-ZIP  TITLE STD Delete ITILE  Change AME  STREET ADDRESS. CITY-ST-ZIP  TITLE STD Delete ITILE  Change AME  Change AME  Change AME  CITY-ST-ZIP  Change AME  CITY-ST-ZIP  Change AME  CITY-ST-ZIP  Change AME  CITY-ST-ZIP  Change AME  Change AME  Change AME  CITY-ST-ZIP  Change AME  Change AME  CITY-ST-ZIP  Change AME  Change	<b>₩</b>			C	City FL Zip Code					
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes. I further certify that the information supplied with this filing does not qualify for the semptions contained in Chapter 119. Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			name Street al City-St-	ZIP					

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 oalt; 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.

GNATURE: Baggy S. Jalan.

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