

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H98841

1. Entity Name
ADAIR EXECUTIVE SERVICES, INC.



Principal Place of Business
9015 RUGER DR
NEW PORT RICHEY, FL 34655

Mailing Address
9015 RUGER DR
NEW PORT RICHEY, FL 34655

2. Principal Place of Business - No P.O. Box #
9015 RUGER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State

Zip
34655

Country
PA540

Zip

Country

6. Name and Address of Current Registered Agent

ADAIR, PEGGY G.
9015 RUGER DR
NEW PORT RICHEY, FL 34655

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAIR, MICHAEL A. 6412 WOODEN ST NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAIR, HENRY N. 9015 RUGER DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAIR, PEGGY G. 9015 RUGER DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

Henry N. Adair
SIGNATURE: Henry N. Adair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

727-934-4561

Date

Daytime Phone #

**FILED
Apr 27, 2007 8:00 am
Secretary of State**

04-27-2007 90200 020 ***150.00



01042007 Chg-P CR2E034 (12/06)