2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000006227

HUMAN ADJUVANT DISEASE CORP



Sep 02, 2004 8:00 am Secretary of State 09-02-2004 90073 003 ****61.25

			No no					
Principal Place 808 LINDSEY LAKE WALES,	/ PLACE	Mailing Address 808 LINDSEY PLACE LAKE WALES, FL 33853				nantT.	ec.	
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07022004	07022004 Chg-NP CR2E037 (10/03)			
City & State	е	City & State		4. FEI Number 20 - C	112368		Applicable	
Zip _	Country	Zip	Country	5. Certificate of	Status Desired 🔲	\$8.75 Addi -Fee Required	tional	
	6. Name and Address of Current	Registered Agent		7. Name and Ad	idress of New Registere	d Agent		
JONES, PA	AMELA Ĵ M.D.		Name					
808 LINDS	SEY PLACE LES, FL 33853		Street Add	ress (P.O. Box Number i	P.O. Box Number is Not Acceptable)			
			City		F	Zip Code		
	named entity submits this statement fo	r the purpose of changing its r	egistered office or re	egistered agent, or both,	in the State of Florida. I a	m familiar with, a	and accept -	
the obligat	ions of registered agent.							
SIGNATURE .				•	•		•	
SIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE	E		
				1				
Đ	Filing Fee is \$61.25 ue by September 8, 2004	Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		eck payable to partment of Sta		
10.		Trust Fund Co	· · · -	Added to Fees		partment of Sta	ate	
10.	OFFICERS AND DIE	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHAN	Florida Dep	partment of Sta	ate	
TITLE NAME	OFFICERS AND DIE OFFICERS AND DIE P JONES, PAMELA J M.D.	Trust Fund Co	11. TITLE NAME	Added to Fees ADDITIONS/CHAN	Florida Dep	DIRECTORS IN	10	
10.	OFFICERS AND DIE	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHAN C Panel a Jour: 805 Lindsen	Florida Dep GES TO OFFICERS AND MD. Place	DIRECTORS IN	10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF OFFICERS AND DIF P JONES, PAMELA J M.D. 808 LINDSEY PLACE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHAN C Panela Tome: 805 Lizasen Lakewates, P	Florida Dep GES TO OFFICERS AND MD. Place 1,33 %S 3	DIRECTORS IN	10	
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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 617, 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:	Dr. Panola (26	time Dr.	Panela J. Jone	s 7	121/04 86	3 679-5824
	SIGNATURE AND TYPED OR PRINTE				Date	Daytime Phone	*