


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 038 \*\*\*\*61.25

**DOCUMENT # N05000006403**  
 1. Entity Name  
**ADAPT ETIQUETTE, INC.**



Principal Place of Business      Mailing Address  
 7143 STATE ROAD 54 NO 215      7143 STATE ROAD 54 NO 215  
 NEW PORT RICHEY FL 34653-6104      NEW PORT RICHEY FL 34653-6104



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
 REILLY, TERESA K  
 7143 STATE ROAD 54 NO 215  
 NEW PORT RICHEY FL 34653-6104

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>D</del> MGRM	<input type="checkbox"/> Delete
NAME	REILLY, TERESA K	} address OK
STREET ADDRESS	7143 STATE ROAD 54 NO 215	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-6104	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	REILLY, ROSE	
STREET ADDRESS	7143 STATE ROAD 54 NO 215	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-6104	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	REILLY, GLORIA	
STREET ADDRESS	7143 STATE ROAD 54 NO 215	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653-6104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, TERESA K.	(Title)
STREET ADDRESS	7143 STATE RD 54 # 215	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 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: *Teresa K Reilly*      *Teresa K Reilly* (727) 834-8888  
 4/29/06