

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # N93000002878

1. Entity Name
AMERICAN DISASTER RESOURCES, INC.



Principal Place of Business
**21521 WOODCHUCK CT.
BOCA RATON, FL 33428**

Mailing Address
**21521 WOODCHUCK CT.
BOCA RATON, FL 33428**



03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, ROBERT J
21521 WOODCHUCK CT.
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000340803
04/28/05-80190-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	TAYLOR, ROBERT
STREET ADDRESS	21521 WOODCHUCK CT.
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	BUMP, SUSAN M
STREET ADDRESS	342 SOUTHWIND DR #216
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	WHITEHALL, HENRY
STREET ADDRESS	10885 GRANDE BLVD
CITY - ST - ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Taylor

4-25-05

Date

561-483-4535

Daytime Phone #