


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001033 1. Entity Name ADEPT SERVICES, INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 04 JUL -1 PM 3:45

Principal Place of Business 506 CACTUS STREET TALLAHASSEE, FL 32304	Mailing Address 506 CACTUS STREET TALLAHASSEE, FL 32304
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 07012004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3447109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWENDINGER, CARL MICHAEL
 506 CACTUS STREET
 TALLAHASSEE, FL 32304

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWENDINGER, CARL MICHAEL 506 CACTUS STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SCHWENDINGER, ANDREA D 506 CACTUS STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSHY, MATHEN 2071 HANOVER COURT TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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900039031519
 07/13/04--01003--016 **61.25

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: _____ *Wes L...* _____ **7-1-04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #