


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001033 1. Entity Name ADEPT SERVICES, INC.	
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05 MAY -2 PM 4: 24

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 506 CACTUS STREET TALLAHASSEE, FL 32304	Mailing Address 506 CACTUS STREET TALLAHASSEE, FL 32304
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05022005 Chg-NP CR2E037 (10/03) 05

4. FEI Number 59-3447109	<input type="checkbox"/> Applied For <input type="checkbox"/> 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	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 _____ 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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SCHWENDINGER, CARL MICHAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENDINGER, CARL MICHAEL	NAME	
STREET ADDRESS	506 CACTUS STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	VTSD SCHWENDINGER, ANDREA D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWENDINGER, ANDREA D	NAME	
STREET ADDRESS	506 CACTUS STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	D KOSHY, MATHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSHY, MATHEN	NAME	
STREET ADDRESS	2071 HANOVER COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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05/17/05--01032--010 **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: _____ Date: 5-2-05 Daytime Phone #: 850 276 4838

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