## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001033				FILE	ED		
1. Entity Name ADEPT SERVICES, INC.				6 MAY -1 A	M In: 50		
		00 MT	5 TA	ECRETARY OF	STATE		
Principal Place of Business 506 CACTUS STREET TALLAHASSEE, FL 32304  Mailing Address 506 CACTUS STREET TALLAHASSEE, FL 32304  TALLAHASSEE, FL 32304		04	,,,	ECRETARY OF LLAHASSEE,	FLORIDA		
0. D	1 2 Maillea Address						
2. Principal Place of Business	3. Mailing Address		E	<b>                                  </b>	9114 68111 98181 1L911 89189 L1139 H		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6501200	——————————————————————————————————————	CR2E037 (4/06)		
City & State	City & State		4. FEI Nu 59-3	mber 447109		pplied For of Applicable	
Zip Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name				
SCHWENDINGER, CARL MICHAEL 506 CACTUS STREET TALLAHASSEE, FL 32304			Street Address (P.O. Box Number is Not Acceptable)				
TALLARAGGEE, FL 32304			. ,				
		City			FL Zip Cod	e	
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.						and accept	
the obligations of registered agent.				01 5/23/0601		1.25	
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, 2006  9. Election Campaig Trust Fund Contri			\$5.00 Ma	3) 00	Make check payable to orida Department of Si		
10. OFFICERS AND DIRECTORS  TITLE PD Delete		11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS IN		
TITLE PD		TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS 506 CACTUS STREET CITY-ST-ZIP TALLAHASSEE, FL 32304		STREET ADDRESS CITY-ST-ZIP					
TITLE VTSD					Change	Addition	
NAME SCHWENDINGER, ANDREA D					_ •	_	
STREET ADDRESS   506 CACTUS STREET  CITY-ST-ZIP   TALLAHASSEE, FL 32304	I						
TITLE D	_ 55.00				☐ Change	Addition	
NAME KOSHY, MATHEN STREET ADDRESS 2071 HANOVER COURT		NAME STREET ADDRESS				ľ	
CITY-ST-ZIP TALLAHASSEE, FL 32303		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP				ĺ	
TITLE NAME	☐ Delete	TITLE NAME	<u></u>		☐ Change	Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP			Change	☐ Addition	
NAME	E Delete	NAME			change	Addition	
STREET ADDRESS CITY-ST-ZIP	_	STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this High does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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.							
وأخرجهم أوقكم وواسوره ومغروه والأرام وأبأد ومغرف والمتاهدا	developed approvate and that c	mu nianatura ahali ba	va tha cama lagal c	offeet ee il mede vede	e oath, that I am an allians	or discourse	