

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000001033

1. Entity Name
ADEPT SERVICES, INC.



Principal Place of Business
506 CACTUS STREET
TALLAHASSEE, FL 32304

Mailing Address
506 CACTUS STREET
TALLAHASSEE, FL 32304

FILED

07 MAY -4 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042007 No Chg-NP CR2E037 (4/06) 07

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4. FEI Number
59-3447109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____
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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWENDINGER, CARL MICHAEL
STREET ADDRESS 506 CACTUS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VTSD
NAME SCHWENDINGER, ANDREA D
STREET ADDRESS 506 CACTUS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D
NAME KOSHY, MATHEN
STREET ADDRESS 2071 HANOVER COURT
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100103093091
05/23/07--01009--015 **61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

5/9/07