

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED


07 MAY -4 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWENDINGER, CARL MICHAEL
506 CACTUS STREET
TALLAHASSEE, FL 32304

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 _____ (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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE 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: _____ Date 5/9/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR