

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 018 ***150.00

DOCUMENT # P00000116832

1. Entity Name
ADE & SCHILDBERG, P.A.



Principal Place of Business
**ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202**

44006933



2. Principal Place of Business
**841 Prudential Dr.
Suite, Apt. #, etc.
Suite 1400**

3. Mailing Address
**841 Prudential Dr.
Suite, Apt. #, etc.
Suite 1400**

01302004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip
32207 Country
USA

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Jacksonville, FL
Zip
32207 Country
USA

4. FEI Number
59-3690554 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHILDBERG, SCOTT G
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
James L. Ade
Street Address (P.O. Box Number is Not Acceptable)
**841 Prudential Drive
Suite 1400**
City
Jacksonville **FL** Zip Code
32207

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.

James L. Ade
President

February 3, 2004

SIGNATURE *James L. Ade*
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
ADE, JAMES L
STREET ADDRESS
ONE INDEPENDENT DR STE 2000
CITY-ST-ZIP
JACKSONVILLE, FL 32202

TITLE
VTSD ☐ Delete
NAME
SCHILDBERG, SCOTT G
STREET ADDRESS
ONE INDEPENDENT DR STE 2000
CITY-ST-ZIP
JACKSONVILLE, FL 32202

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
NAME
Ade, James L.
STREET ADDRESS
841 Prudential Drive, Suite 1400
CITY-ST-ZIP
Jacksonville, FL 32207

TITLE
VTSD ☒ Change ☐ Addition
NAME
Schildberg, Scott G.
STREET ADDRESS
841 Prudential Drive, Suite 1400
CITY-ST-ZIP
Jacksonville, FL 32207

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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 607, 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: *James L. Ade* **James L. Ade,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date

(904) 858-0123
Daytime Phone #