

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90306 019 ***150.00

DOCUMENT # P01000016338

1. Entity Name

ADA PRINTING, INC.



Principal Place of Business

2319 SILVER STAR RD
ORLANDO FL 32804

Mailing Address

2319 SILVER STAR RD
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3703685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ANDREW S
2098 E GLORIA DR
DELTONA FL 32725

Name Andrew S THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

2319 Silver STAR RD

City Orlando FL

FL Zip Code 32804

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 Andrew S Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME THOMPSON, ANDREW S
STREET ADDRESS 2098 E GLORIA DR
CITY-ST-ZIP DELTONA FL 32725

TITLE ☒ Change ☐ Addition:
NAME THOMPSON, ANDREW S
STREET ADDRESS 2319 Silver STAR RD
CITY-ST-ZIP Orlando FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition:
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition:
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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: Andrew S Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

407-578-8600
Daytime Phone #