

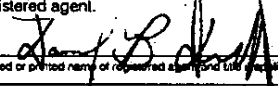
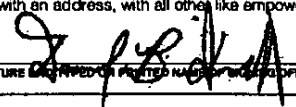
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-10-2004 90482 012 ****61.25

P01000016984

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:03

DOCUMENT # P01000016984					
1. Entity Name ADAIR DEVELOPERS, INC.					
Principal Place of Business 1614 S. EOLA DR ORLANDO, FL 32806			Mailing Address 1614 S. EOLA DR ORLANDO, FL 32806		
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 59-3698680	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENAULT, DANIEL B 1614 S. EOLA DR ORLANDO, FL 32806			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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					
Amended AR is \$61.25		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DENAULT, DANIEL B		NAME		
STREET ADDRESS	1614 S. EOLA DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	V.P. Public Relations ☒ Change ☐ Addition	
NAME	HAWKINS, JACK E		NAME		
STREET ADDRESS	1023 EASTERN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	V.P.	☐ Delete	TITLE	V.P. - OPERATIONS ☐ Change ☒ Addition	
NAME			NAME	TEO Denault	
STREET ADDRESS			STREET ADDRESS	1109 BLACK ACRE TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			5/3/04 407-228-9595		
SIGNATURE CERTIFIED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR			Date Daytime Phone *		

5/26 AD