


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000028007**  
 1. Entity Name  
 8505 ADAMO, INC.



Principal Place of Business 105 U.S. HIGHWAY 301 SOUTH UNIT E TAMPA, FL 33619	Mailing Address 105 U.S. HIGHWAY 301 SOUTH UNIT E TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3723603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HARROW, ANDREW M  
 105 U.S. HIGHWAY 301 SOUTH  
 UNIT E  
 TAMPA, FL 33619

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000309500  
 04/16/05-80055-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARROW, ANDREW M 105 U.S. HIGHWAY 301 SOUTH UNIT E TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARROW, SUSAN 105 U.S. HIGHWAY 301 SOUTH SUITE E TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Susan Harrow 4/16/05 8136210045  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #