


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90216 038 ***150.00

DOCUMENT # P01000034847	
1. Entity Name A & D COMPUTER SOLUTIONS, INC.	

Principal Place of Business 11 CORAL WAY KEY LARGO, FL 33037	Mailing Address 11 CORAL WAY KEY LARGO, FL 33037
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2. Principal Place of Business 471 Ridgecrest Dr	3. Mailing Address 471 Ridgecrest Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33982	Zip 33982
Country USA	Country USA



02022006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent ANDERSON, THOMAS V 11 CORAL WAY KEY LARGO, FL 33037	
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7. Name and Address of New Registered Agent	
Name Anderson, Thomas V.	Applied For <input type="checkbox"/> Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 471 Ridgecrest Dr.	
City Punta Gorda	FL 33982

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 Thomas V. Anderson, President	DATE 2/2/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, THOMAS V 11 CORAL WAY KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas V. Anderson 471 Ridgecrest Dr. Punta Gorda, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Thomas V Anderson	DATE: 2/2/06	DAYTIME PHONE: 941 876 0323
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