

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000067507

1. Entity Name
ADMINISTRATE AMERICA, INC.



Principal Place of Business
1801 HOBBS RD
AUBURNDALE, FL 33823

Mailing Address
1801 HOBBS RD
AUBURNDALE, FL 33823

FILED
Apr 30, 2007 08:00 A
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3728438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEITH, W C
1517 COMMERCIAL PARK DR
LAKELAND, FL 33801

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KNIGHT, JAMES F
105 COVINGTON COVE RD
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILSON, DENNY A
6645 WILLOWS WAY
CUMMINGS, GA 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
RUGGIERI, MARK
1 EAGLES NEST
WINTER HAVEN, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/15/07-00151-012 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #