

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003233

1. Entity Name
ADVANCED DEVELOPMENT TECHNIQUES INC.



Principal Place of Business

3315 ELM ST.
ELLENTON, FL 34222

Mailing Address

PO BOX 613
ELLENTON, FL 34222

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0564815

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUDGE, RONALD W
3315 ELM ST.
ELLENTON, FL 34222

**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

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MUDGE, RONALD W
STREET ADDRESS 3315 ELM STREET
CITY-ST-ZIP ELLENTON, FL 34222

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100000955567
07/18/08-80002-023 158.75

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IN THIS SPACE**

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:

Ronald W. Mudge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-08

Date

Daytime Phone #