


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 027 ***150.00

DOCUMENT # P02000038473	
1. Entity Name ADFT ENTERPRISES, INC.	

Principal Place of Business 202 SOUTH ROME AVE. SUITE 100 TAMPA, FL 33606	Mailing Address 202 SOUTH ROME AVE. SUITE 100 TAMPA, FL 33606
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02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 10-1070618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

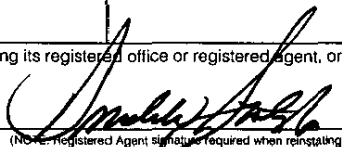
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STANLEY, DONALD W JR. 101 E KENNEDY BLVD STE 4240 - 202 South Rome Ave. TAMPA, FL 33602 Suite 100 33606

**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: **DONALD W STANLEY JR**
Signature, typed or printed name of registered agent and title if applicable.


(No Registered Agent Signature Required when Reinstalling)

2-17-04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD MORA, ROBERT A 202 S. ROME AVE. - Suite 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MORRIS, BENJAMIN G 202 S. ROME AVE. - Suite 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANLEY, DONALD W JR. 202 S. ROME AVE. - Suite 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, MICHAEL N 202 S. ROME AVE. - Suite 100 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN G. MORRIS

2/17/04 813-223-5351
Date Daytime Phone #