

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104933

1. Entity Name
A & D MANAGEMENT ASSOCIATES, INC.



Principal Place of Business
**22219 FRONT BCH RD.
 PANAMA CITY BCH, FL 32413**

Mailing Address
**22219 FRONT BCH RD.
 PANAMA CITY BCH, FL 32413**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2296716** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VELAZQUEZ, DINO
 22219 FRONT BCH RD.
 PANAMA CITY BCH, FL 32413**

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
 After May 1, 2004 Fee will be \$550.00**

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

U00000108188
 04/06/04 00045 015 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	VELAZQUEZ, DINO
STREET ADDRESS	22219 FRONT BCH RD.
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	P
NAME	VELAZQUEZ, MARGARET A
STREET ADDRESS	22219 FRONT BCH RD.
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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

4-5-04

Date

(394) 794-0606

Daytime Phone #