2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-07-2005 90056 005 ***150.00 DOCUMENT # P02000104933 A & D MANAGEMENT ASSOCIATES, INC. 40013596 Principal Place of Business Mailing Address 22219 FRONT BCH RD. 22219 FRONT BCH RD. PANAMA CITY BCH, FL 32413 PANAMA CITY BCH, FL 32413 2. Principal Place of Business 3. Mailing Address 400 Beachside Drive 400 Beachside Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) City & State Panama City Beach, FL City & State 4. FEI Number Applied For Panama City Beach, FL 56-2296716 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32413 Fee Required 32413 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Velazquez, Dino Street Address (P.O. Box Number is Not Acceptable) 400 Beachside Drive VELAZQUEZ DINO 22219 FRONT BCH RD. PANAMA CITY BCH, FL 32413 City Panama City Beach 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. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST T(7) = ☐ Delete T(T) F ST Change Addition NAME VELAQUEZ, DINO NAME Velazquez, Dino STREET ADDRESS 22219 FRONT BCH RD. STREET ADDRESS 400 Beachside Drive CITY - ST - ZIP PANAMA CITY BCH, FL 32413 CITY-ST-7IP Panama City Beach, FL TITLE Delete TETLE Change ☐ Addition VELAQUEZ, MARGARET A NAME Velazquez, Margaret A. STREET ADDRESS 22219 FRONT BCH RD. STREET ADDRESS 400 Beachside Drive CITY-ST-ZIP PANAMA CITY BCH, FL 32413 CITY-SI-ZIP Panama City Beach, FL TITLE Defete 1m F Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NALIF NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TILLE ☐ Delete IME ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

FICER OR DIRECTOR

Date

Daytime Phone 4

FILED Feb 07, 2005 8:00 am