

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000104933

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



Principal Place of Business
**400 BEACHSIDE DRIVE
PANAMA CITY BEACH, FL 32413**

Mailing Address
**400 BEACHSIDE DRIVE
PANAMA CITY BEACH, FL 32413**



01152007 No Chg-P CR2E034 (11/05)

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
400 BEACHSIDE DRIVE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000643316
03/01/07-80081-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	VELAZQUEZ, DINO
STREET ADDRESS	400 BEACHSIDE DRIVE
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	P
NAME	VELAZQUEZ, MARGARET A
STREET ADDRESS	400 BEACHSIDE DRIVE
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/7 (374) 794-0666
Date Daytime Phone #