

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000133575**

1. Entity Name  
**ADOZS, INC.**



Principal Place of Business  
**1058 AZALEA POINTE DRIVE  
PORT ORANGE, FL 32129-4100**

Mailing Address  
**1058 AZALEA POINTE DRIVE  
PORT ORANGE, FL 32129-4100**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number **01-0760043** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALKOREK, ABDUL B  
1058 AZALEA POINTE DRIVE  
PORT ORANGE, FL 32129-4100**

**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 amending)

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	P
NAME	ALKOREK, ABDUL B
STREET ADDRESS	1058 AZALEA POINTE DRIVE
CITY - ST - ZIP	PORT ORANGE, FL 321294100
TITLE	ST
NAME	ALKOREK, DEBRA
STREET ADDRESS	1058 AZALEA POINTE DRIVE
CITY - ST - ZIP	PORT ORANGE, FL 321294100
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000007667  
01/20/04-80032-017 150.00

**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 I/we empowered.

**SIGNATURE:** *Debra Alkorek* **Debra Alkorek 1-15-04 386-788-6474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calc

Check Fee Pk. No.