

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000019594  
 1. Entity Name  
 A.D. CATERING COMPANY



Principal Place of Business      Mailing Address  
 642 61ST AVENUE, SOUTH      642 61ST AVENUE, SOUTH  
 ST. PETERSBURG, FL 33705      ST. PETERSBURG, FL 33705

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 41-2079865      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MILLER, ALGENE SR.  
 642 61ST AVENUE, SOUTH  
 ST. PETERSBURG, FL 33705

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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           | MILLER, ALGENE SR.       |
| STREET ADDRESS | 642 61ST AVENUE, SOUTH   |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33705 |
| TITLE          | S/T                      |
| NAME           | MILLER, DAPHNE           |
| STREET ADDRESS | 642 61ST AVENUE, SOUTH   |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33705 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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**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 110, 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 persons empowered.

SIGNATURE: Daphne Miller    Daphne Miller    1/22/05    727-893-5438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #