


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90055 004 ***150.00

DOCUMENT # P03000086437					
1. Entity Name TERESA & ADAN, INC.					
Principal Place of Business 904 EAST HINSON AVE. HAINES CITY, FL 33844 US			Mailing Address 904 EAST HINSON AVE. HAINES CITY, FL 33844 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent VILLA, TERESA P 1648 WESTMINSTER TRAIL CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 2840 COUNTRY CLUB ROAD N City: WINTER HAVEN, FL FL Zip Code: 33881	
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: _____ (NOTE: Registered Agent's signature required when reconstituting) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D,C VILLA, TERESA COUNTRY CLUB RD WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D,C VILLA, TERESA 2840 COUNTRY CLUB RD WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P,T VILLA, TERESA P COUNTRY CLUB RD WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	P,T VILLA TERESA 2840 COUNTRY CLUB RD WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VILLA, ADAN S COUNTRY CLUB RD WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VILLA, ADAN 2840 COUNTRY CLUB RD WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP,S VILLA, ADAN S COUNTRY CLUB RD WINTER HAVEN, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP,S VILLA ADAN S 2840 COUNTRY CLUB RD WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/07 DATE		