



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000106744</b>	
1. Entity Name <b>DAVID N. ADAIR, INC.</b>	

Principal Place of Business <b>1111 GRANADA ST CLEARWATER, FL 33755</b>	Mailing Address <b>1111 GRANADA ST CLEARWATER, FL 33755</b>
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DO NOT WRITE IN THIS SPACE

  
 01062008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>43-2030652</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAI, DAVID N  
1111 GRANADA ST  
CLEARWATER, FL 33755**

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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 **01/10/08-80007-002 8.75**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>U000000777404</b> <b>01/10/08-80007-001 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAI, DAVID N
STREET ADDRESS	1111 GRANADA ST
CITY- ST- ZIP	CLEARWATER, FL 33755
TITLE	STD
NAME	ADAI, JUDITH G
STREET ADDRESS	1111 GRANADA STREET
CITY- ST- ZIP	CLEARWATER, FL 33755
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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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: David N. Adair **PRESIDENT DAVID N. ADAIR** JANUARY 6, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727-215-2035