

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90385 023 \*\*\*158.75

DOCUMENT # P03000149117

1. Entity Name

ADAM DAVID INC.



Principal Place of Business

541 MYSTIC WOOD ST  
CASSELBERRY FL 32707  
US

Mailing Address

541 MYSTIC WOOD ST  
CASSELBERRY FL 32707  
US



2. Principal Place of Business

#506 A Street

Suite, Apt. #, etc.

Casselberry FL

City & State

Casselberry FL

Zip  
32707

Country  
USA

3. Mailing Address

#506 A Street

Suite, Apt. #, etc.

Casselberry FL

City & State

Casselberry FL

Zip  
32707

Country  
USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1210421

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRD, ADAM D  
541 MYSTIC WOOD ST  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name Bird, Adam-D  
Street Address (P.O. Box Number is Not Acceptable)  
#506 A Street  
City Casselberry FL Zip Code 32707

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIRD, ADAM D	
STREET ADDRESS	541 MYSTIC WOOD ST	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BIRD, ADAM D	
STREET ADDRESS	541 MYSTIC WOOD ST	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIRD, ADAM D	
STREET ADDRESS	541 MYSTIC WOOD ST	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Adam Bird

4/12/05

407-718-7129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #