

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90245 016 \*\*\*150.00

DOCUMENT # P04000007945

1. Entity Name

DAVID ADKINS INTERNATIONAL, INC.



Principal Place of Business

5130 EISENHOWER BLVD.  
#100  
TAMPA FL 33634

Mailing Address

5130 EISENHOWER BLVD.  
#100  
TAMPA FL 33634



2. Principal Place of Business

5481 W WATERS AVE

3. Mailing Address

← same

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

TAMPA FL

City & State

4. FEI Number

80-0091590

Applied For

Not Applicable

Zip

33634

Country

HILLSBOROUGH

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~ADKINS, MARYANN~~ KATHY CORMIER  
~~5130 EISENHOWER BLVD.~~ 5481 W WATERS AVE  
#100  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name KATHY CORMIER  
Street Address (P.O. Box Number is Not Acceptable)  
5481 W WATERS AVE  
City TAMPA FL Zip Code 33634

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

Kathleen A Cormier

5/1/06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 CEO ☐ Delete  
NAME ADKINS, DAVID  
STREET ADDRESS 5130 EISENHOWER BLVD.#100  
CITY-ST-ZIP TAMPA FL 33634

TITLE S ☐ Delete  
NAME ADKINS, MARYANN  
STREET ADDRESS 5130 EISENHOWER BLVD.#100  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5481 W WATERS AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5481 W WATERS AVE  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kathleen A Cormier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06

Date

813 882-4448

Daytime Phone #