


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
4. Jun 02, 2005 8:00 am
Secretary of State

04-25-2005 90259 048 ***150.00

DOCUMENT # P04000008454

1. Entity Name
ADAIR ACCOUNTING@OFFICECATS INC



Principal Place of Business
**1339 BEVILLE RD
 DAYTONA BEACH, FL 32119**

Mailing Address
**1339 BEVILLE RD
 DAYTONA BEACH, FL 32119**

66020724



2. Principal Place of Business
1500 BEVILLE RD

3. Mailing Address
1500 BEVILLE RD

Suite, Apt. #, etc.
STE 606-322

Suite, Apt. #, etc.
STE 606-322

City & State
DAYTONA BEACH FL

City & State
DAYTONA BEACH FL

Zip
32114-5644

Country

Zip
32114-5644

Country

04112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ADAIR, MELDOY H
 1339 BEVILLE RD
 DAYTONA BEACH, FL 32119**

7. Name and Address of New Registered Agent

Name
20-0588207

Street Address (P.O. Box Number is Not Acceptable)
1500 BEVILLE RD

Suite, Apt. #, etc.
STE 606-322

City
DAYTONA BEACH

FL

Zip Code
32114-5644

4. FEI Number

Applied For
 Not Applicable

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

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)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAIR, MELODY H 1339 BEVILLE RD DAYTONA BEACH, FL 32119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1500 BEVILLE RD STE 606-322 DAYTONA BEACH FL 32114-5644
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
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
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 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: Melody H. Adair **MELODY H. ADAIR** Date 04 23 05 **04 23 05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR