

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 039 ***150.00

DOCUMENT # P04000022113	
1. Entity Name AMERICAN DIVERSIFIED FUNDING SERVICES	

Principal Place of Business 1680 S. TAMiami TRAIL #A VENICE, FL 34295	Mailing Address 1532 US 41 BYPASS #265 VENICE, FL 34293
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2. Principal Place of Business 251 TAMiami TRAIL, S.	3. Mailing Address 251 TAMiami TRAIL S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VENICE, FL	City & State VENICE, FL
Zip 34285	Zip 34285
Country USA	Country USA



01062005 Chg-P CR2E034 (10/03)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNHAM, DONALD R 1532 US 41 BYPASS 265 VENICE, FL 34293	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BURNHAM, DONALD R 500 CERROMAR DRIVE VENICE, FL 34293 <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
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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:  5/3/05 941-584-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

40083212

P04000022113

American Diversified Funding Services

251 Tamiami Trail, South

Venice, Florida 34285

941-584-5000 • 941-485-8706 (fax)

May 3, 2005

VIA UPS NEXT DAY AIR

Division of Corporations
2670 Executive Center Circle, Ste. 100
Tallahassee, FL 32301

RE: American Diversified Services
Document #P04000022113
2005 Limited Liability Company Annual report

To Whom It May Concern:

Enclosed is our Annual Report and filing fee of (insert the amount, i.e., \$50.00). We apologize for the slight delay in forwarding this information but did not receive the postcard reminder and downloaded the report as soon as we realized it was due. We respectfully request that you waive any additional fees and process the enclosed report as received timely.

Your consideration is very much appreciated.

Sincerely,

Andie Vitale /cp
Andie Vitale
Business Manager

/av
Enclosures