

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 048 ***150.00

20029203

DOCUMENT # <i>PD4000030801</i>			
1. Entity Name <i>AMERICAN DIVERSIFIED COMPANY E.</i> <i>4200 S.W. 80TH. AVE</i> <i>Ocala, FL 34481-6407</i>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <i>AMERICAN DIVERSIFIED CO. INC.</i> <i>Suite, Apt. #, etc.</i> <i>3401 S.W. 26th PL</i> <i>City & State</i> <i>Ocala, FL</i> <i>Zip</i> <i>34474</i> <i>Country</i> <i>MARION</i>		3. Mailing Address <i>Suite, Apt. #, etc.</i> <i>City & State</i> <i>Zip</i> <i>Country</i>	
4. FEI Number <i>BH 20-0731537</i>		Applied For <input 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 <i>Archie D. Sheffield</i> <i>3401 S.W. 26th PL.</i> <i>Ocala, FL 34474</i>			
7. Name and Address of New Registered Agent <i>Name</i> <i>Street Address (P.O. Box Number is Not Acceptable)</i> <i>City</i> FL <i>Zip Code</i>			
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 <small>Signature, typed or printed name of registered agent and title (add date). (NOTE: Registered Agent signature required when registering)</small> DATE			
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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: <i>Archie D. Sheffield</i> - <i>Archie D. Sheffield</i> <i>4-4-05 352-572</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> <i>6688</i>			