

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000044276

Entity Name: A.D. GUSTAFSON, INC.

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9404 BLACK BEAR LANE  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 783152  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 27-0082373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUSTAFSON, ANDREW  
9404 BLACK BEAR LANE  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GUSTAFSON, ANDREW  
Address: 9404 BLACK BEAR LANE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: V  
Name: GUSTAFSON, DENNIS  
Address: 11900 CYPRESS LANE  
City-St-Zip: CLERMONT, FL 34711

Title: S  
Name: GUSTAFSON, ALICE S  
Address: 11900 CYPRESS LANE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW GUSTAFSON

PT

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date