## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90121 042 \*\*\*150.00

DOCUMENT # P05000011400								04-11-2000	, , , 0121	072 1.	50.00
	Entity Name AD ENTERPRISES INC										
							7				
Principal Place of Business			Mai	Mailing Address			-	- •			
891 JARWISST				891 JARMSST				•			
PORTOHARLOTTE, FL 33948			PC	PCRTOHARLOTTE, FL. 33948			ŀ				
								i <b>erici c</b> ivi catil extil est	1 831 IM	ITEN ENIN EREN ET	11921 A 1339
2. Principal Place of Business			3. M	3. Mailing Address							
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.			04052006	Chg-P	CR2E	034 (11/05)	
City & State			c	City & State			4. FEI Numb	er COA S & S			oplied For
Zip	Country			ip	Cour	itry		<u> 220782</u> of Status Desired	<u> </u>	\$8.75 Add	ot Applicable ditional
	E Name	and Address of Co.	Paris	and towns	L	r				Fee Require	d
6. Name and Address of Current Registered Agent						Name	/. Name and	Address of New P	legistered	Agent	
FONTECHA, LAZARO A											
891 JARVIS STREET PORT CHARLOTTE, FL 33948						Street Addres	s (P.O. Box Numb	er is Not Acceptable	e)		
·											
	· 					City	·		FI	Zip Cod	le
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 acce											and accept
the obligations of registered agent.											
SIGNATURE Signatoric, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Signatritis: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NON!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.											
10.		OFFICERS A	AND DIRECT	TORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	S (N 11
TITLE	P □ Delete □					7	7001110110	TOTAL TO OTT	10010711	Change	Addition
NAME	FONTECHA, LAZARO A									_ •	_
STREET ADORESS CITY-ST-ZIP						ET ADORESS -ST-ZIP					
TITLE	VP Delete IIII.					<del></del>				☐ Change	Addition
NAME		FONTECHA, LYNORE									Addition
STREET ADDRESS City-St-Zip						ET ADORESS -ST-ZIP					
TITLE	PORT CHARLOTTE, FL 33948									D Owner	- Addition
NAME				C. Detele	NAM					☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-\$T-ZIP					
TITLE NAME				☐ Delete	MAM					Change	Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP		<u>.</u> .		<del></del>	CITY	-ST-ZIP					
NAME				☐ Delete	TITL! NAM					Change	Addition
STREET ADDRESS						ET ADORESS					
CITY-ST-ZIP	<u> </u> .	·.			CITY	-ST-ZIP					
TITLE			-	□ Delete -	TITL			-		☐ Change	Addition
NAME Street adoress			-	·	NAM	ET ADDRESS	-			•	
CITY-ST-ZIP						-ST-ZIP					
12. I hereby	certify that the	information supplied	with this file	ng does not qualify for	x the ex	emptions contain	ned in Chapter 11	9, Florida Statutes. I	further ce	rtify that the in	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 brighted 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: 1/1/10/10 4.5-06 954-910										9103	
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