


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90051 004 ***150.00

DOCUMENT # P05000107793	
1. Entity Name AD-RELIEABLE ENTERPRISES INC.	

Principal Place of Business 2576 OLD NEW YORK AVE DELAND, FL 32720 US	Mailing Address P.O. BOX 1062 220145 DELAND, FL 32722 US Glenwood
---	---

DO NOT WRITE IN THIS SPACE

	
03032008 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-3251254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAZER, ROBERT D 2090 S. NOVA RD. SUITE AA05 DAYTONA BEACH, FL 32119	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, DEBORAH 2576 OLD NEW YORK AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, SHANE R 2576 OLD NEW YORK AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE MURRAY, MICHAEL J 2576 OLD NEW YORK AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: Deborah Murray 03/05/08 (386) 734-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #