2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP -5 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000091266

1. Entity Name
I A D ENTERPRISES, INC.

Principal Place of Business
20797 SW 73 RD. LANE
DUNNELLON, FL 34431

Mailing Address
20797 SW 73 RD. LANE
DUNNELLON, FL 34431

08032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
20797 SW 73RD LN		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DUNNELLON FL		City & State	
Zip: 34431	Country: USA	Zip	Country

4. FEI Number: 20-4702168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEMIA, MICHAEL
20797 SW 73 RD. LANE
DUNNELLON, FL 34431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEMIA, MICHAEL	NAME	500109206975
STREET ADDRESS	20797 SW 73 RD. LANE	STREET ADDRESS	09/07/07--01033--010 **150.00
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 8-21-07 352 4274723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LIBERTY CONSULTING SERVICE INC
P.O. BOX 189
LECANTO , FL. 34460

TO : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 8700
TALLAHASSEE , FL. 32314

JULY 12 2007

SUBJECT ; I A D ENTERPRISES, INC.
P.O. BOX 2661
DUNNELLON , FL. 34430

DOCUMENT NUMBER ; P06000091266

ENCLOSED YOU WILL FIND A CHECK IN THE AMOUNT OF $ 150.00 FOR THE CORPORATE ANNUAL RENEWAL FEE. MR.FEMIA IS THE ONLY OFFICER AND SHAREHOLDER.

HE IS REASONABLY SURE IT WAS PAID EARLIER IN FEBRUARY BUT CAN NOT FIND THE CANCELLED CHECK. HE WAS INVOLVED IN A VEHICLE ACCIDENT AT THE TIME AND WAS HOSPITALIZED FOR SEVERAL WEEKS AND HAD FURTHER COMPLICATIONS AFTER HIS RELEASE. THEY THOUGHT THEY WERE GOING TO HAVE TO PERFORM ADDITIONAL SURGERY.

AS SUCH WE RESPECTIVELY REQUEST THE WAIVER OF THE $ 400.00 PENALTY.

THANK YOU FOR YOUR HELP AND CONSIDERATION

FRED DAVIDSON 352 249-3180