

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081846

Entity Name: ADFG & ASSOCIATES CORP.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

542 MAJORCA CT.  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

1301 SOUTH PATRICK DRIVE  
# 50  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

8143 NW 12TH STREET  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 41-2245711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SCHILLINGER, FLORIAN  
542 MAJORCA CT.  
SATELLITE BEACH, FL 32937 US

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

SCHILLINGER, GARY  
1301 SOUTH PATRICK DRIVE  
# 50  
SATELLITE BEACH, FL 32937 US

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: GARY SCHILLINGER

04/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: SCHILLINGER, GARY  
Address: 542 MAJORCA CT.  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MRS. ( ) Delete  
Name: SCHILLINGER, ANDREA  
Address: 8143 NW 12TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33071 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. (X) Change ( ) Addition  
Name: SCHILLINGER, GARY  
Address: 1301 SOUTH PATRICK DRIVE # 50  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY SCHILLINGER

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date