

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000045211

1. Entity Name
AMERICAN DISCOUNT ADVERTISING AGENCY, INC.



Principal Place of Business
3662 WEBBER STREET
SARASOTA, FL 34232

Mailing Address
3662 WEBBER STREET
SARASOTA, FL 34232

FILED
Apr 19, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0448650	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUMPF, THOMAS A
3662 WEBBER ST
SARASOTA, FL 34232

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUMPF, THOMAS A
STREET ADDRESS	3662 WEBBER ST
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	VD
NAME	RUMPF, BARBARA A
STREET ADDRESS	3662 WEBBER ST
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	TD
NAME	CUMMINS, MICHELLE M
STREET ADDRESS	3662 WEBBER ST
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000117386
04/19/04-80042-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

941-922-2960