

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095831 1. Entity Name A & D CONTRACTORS, INC.				<div style="transform: rotate(-15deg);"> FILED 04 JUN -4 AM 11:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA 6/04/04 01:35 009 3000 </div>	
Principal Place of Business 2725 OLD KINGS ROAD South FLAGLER BEACH, FL 32136 US		Mailing Address 2725 OLD KINGS ROAD South FLAGLER BEACH, FL 32136 US			
2. Principal Place of Business 2725 OLD KINGS RD South		3. Mailing Address 2725 OLD KINGS RD South			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FLAGLER BEACH FL		City & State FLAGLER BEACH FL		4. FEI Number 65-0627446	
Zip 32136		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLINGER, MARTIN P SANCTUARY CENTRE TOWER D SUITE 207 4800 NORTH FEDERAL HWY BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name DAVID HOOD Street Address (P.O. Box Number is Not Acceptable) 44 SEABREEZE BLVD SUITE 900 City DAYTONA BEACH FL Zip Code 32118			
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERROTTA, ANTHONY L II <input type="checkbox"/> Delete 4601 E. MOODY BLVD, STE D-9 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD / SEC TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PERROTTA, ANTHONY II 336 N 12 STREET FLAGLER BEACH, FL 32115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RALLEO, DANIEL <input checked="" type="checkbox"/> Delete 4601 E. MOODY BLVD, STE D-9 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			5-5-04 Date _____ Daytime Phone # _____		