


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095831

1. Entity Name
A & D CONTRACTORS, INC.



FILED
04 JUN -4 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6/4/04 01035 009 3000

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.

05052004 Chg-P CR2E034 (10/03)



City & State
FLAGLER Beach FL

City & State
FLAGLER Beach FL

Zip 32136 Country US

Zip 32136 Country US

4. FEI Number
65-0627446

Applied For
Not Applicable

5. Certificate of Status Desired \$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

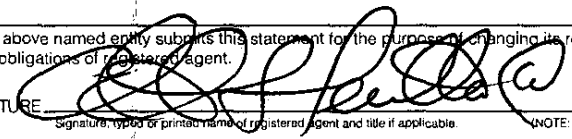
Name DAVID HOOD

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

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$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.

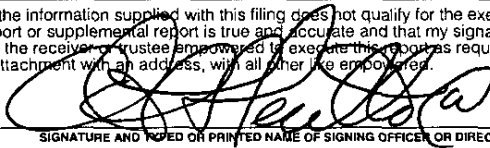
10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PERROTTA, ANTHONY L II | |
| STREET ADDRESS | 4601 E. MOODY BLVD, STE D-9 | |
| CITY-ST-ZIP | BUNNELL, FL 32110 | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | RALLEO, DANIEL | |
| STREET ADDRESS | 4601 E. MOODY BLVD, STE D-9 | |
| CITY-ST-ZIP | BUNNELL, FL 32110 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PTD / SEC TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERROTTA, ANTHONY II | |
| STREET ADDRESS | 336 N 12 STREET | |
| CITY-ST-ZIP | FLAGLER BEACH, FL 32115 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 empowerers.

SIGNATURE:  DATE: 5-5-04 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TL