

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000029707**

1. Entity Name  
**ADCOCK DRYWALL SPRAY SERVICE, INC.**



Principal Place of Business  
**1460 S.W. 63 TERRACE  
PLANTATION, FL 33317**

Mailing Address  
**1460 S.W. 63 TERRACE  
PLANTATION, FL 33317**

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0647603**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADOCK, JOHN  
1460 S.W. 63RD TERRACE  
PLANTATION, FL 33317**

**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: *John Adcock*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000929980

05/21/08-80089-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ADOCK, JOHN**  
STREET ADDRESS **537 SW 22 AVE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D**  
NAME **ADOCK, RODNEY**  
STREET ADDRESS **1460 SW 63 TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Rodney Adcock*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4/28/08 954-980-1870**