


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000069205  
 1. Entity Name  
 AMERICAN DEVELOPMENT GROUP, INC.



Principal Place of Business      Mailing Address  
 5803 TOLMAN COURT      5803 TOLMAN COURT  
 TAMPA, FL 33647-1011      TAMPA, FL 33647-1011

**DO NOT WRITE IN THIS SPACE**



04292005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 42-1421187      (Not Applicable)

5. Certificate of Status Desired            \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  
 MEYER, GARY D.  
 5803 TOLMAN COURT  
 TAMPA, FL 33647-1011

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, GARY D 5803 TOLMAN COURT TAMPA, FL 336471011
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 05/05/05-80004-003 150.00

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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: Gary D Meyer      GARY D. MEYER      5/4/05      813/971-4067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #