2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Feb 23, 2005 08:00 AM DOCUMENT # P97000001116 **Secretary of State** 1. Entity Name ADOBE WELLS, INC. Mailing Address Principal Place of Business 12150 N.US HWY, 441 12150 N US HWY 441 OCALAL FL 34475 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3440503 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUNDOCK, RODNEY G 3000 NW HWY 329 Street Address (P.O. Box Number is Not Acceptable) LOWELL FL 32663 Zip Code FL 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 life if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change Delete TITLE TITLE U00000240190 02/23/05-80020-020 150.00 LUNDOCK, RODNEY G NAME NAME STREET ADDRESS STREET ADDRESS 3000 N.W. HWY 329 CLTY-ST-ZIP LOWELL FL 32663 CITY-ST-ZIE VPST ☐ Change Addition C.7 Delete TITE TITLE LUNDOCK, MARGARET S NAME NAME 3000 N.W. HWY 329 STREFT ADDRESS STREET ADDRESS LOWELL FL 32663 CUTY-ST-ZIP CITY- ST-ZIE m_{ℓ} ☐ Change Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS C11Y-ST-ZIP CITY-ST-ZIP mic Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7tP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.