


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90197 015 ***150.00

DOCUMENT # P97000012989	
1. Entity Name ADELANTE, INC.	

Principal Place of Business 4745 SUTTON PARK CT. STE 602 JACKSONVILLE, FL 32204	Mailing Address 4745 SUTTON PARK CT. STE 602 JACKSONVILLE, FL 32204
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60036369



2. Principal Place of Business - No P.O. Box # 4051 Timugwana Rd Suite, Apt. #, etc.	3. Mailing Address 4051 Timugwana Rd Suite, Apt. #, etc.
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04222008 Chg-P CR2E034 (12/06)

City & State Jacksonville FL	City & State Jacksonville FL
Zip 32210	Country USA
Zip 32210	Country USA

4. FEI Number 59-3432916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SMATHERS, BRUCE A 4745 SUTTON PARK CT SUITE 602 JACKSONVILLE, FL 32224
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4051 Timugwana Rd City Jacksonville FL Zip Code 32210
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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 <i>Bruce A. Smathers</i> Signature typed or printed name of registered agent and title if applicable. BRUCE A. SMATHERS	(NOTE: Registered Agent signature required when reinstating) DATE April 25, 2008
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCES SMATHERS, BRUCE A 4051 TIMUGUANA ROAD JACKSONVILLE, FL 32210 <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
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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 <i>Bruce A. Smathers</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bruce A. Smathers	Date April 25, 2008 Daytime Phone #
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