


FILED
May 03, 2004 08:00
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032936

1. Entity Name
A & D CORPORATION OF DELAND



Principal Place of Business Mailing Address

**D/B/A DELAND HESS
1040 SOUTH WOODLAND BLVD.
DELAND, FL 32720**

**D/B/A DELAND HESS
1040 SOUTH WOODLAND BLVD.
DELAND, FL 32720**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3450749** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MIRCHANDANI, UMIT
2266 ORANGE OAK COURT
ORANGE CITY, FL 32720**

DO NOT WRITE IN THIS SPACE

7. 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 re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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


100000150311
05/04/04-80001-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIRCHANDANI, VILMA L
STREET ADDRESS	2266 ORANGE OAK COURT
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 507, 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:  **A/28/04 386-734-0584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #