

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081087

FILED  
Feb 19, 2004  
Secretary of State

Entity Name: ADL CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

ADL CONSULTING SERVICES, INC  
PO BOX 771315  
CORAL SPRINGS, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

8861 SOUTHERN ORCHARD RD. S.  
DAVIE, FL 333286922 US

**New Mailing Address:**

FEI Number: 65-0782928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLISON, DARLENE  
8861 SOUTHERN ORCHARD RD S  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAPON, ARTHUR  
Address: 337 LAKEVIEW DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR LAPON

P

02/19/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date