2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90023 021 ***158.75

DOCUMENT # P97000082848

1. Entity Name

ADEPT COMMUNITY SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
4014 GUNN HWY STE 100 TAMPA FL 33618	4014 GUNN HWY STE 100 TAMPA FL 33618

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
5035 MILE STRETCH DR	5035 MILE STRETCH DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY, FL	City & State: HOLIDAY, FL
Zip: 34690 Country:	Zip: 34690 Country:

4. FEI Number: 59-3472765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYDEN, DANIEL W ~~4014 GUNN HWY STE 100~~ ~~TAMPA FL 33618~~	Name Street Address (P.O. Box Number is Not Acceptable): DANIEL W HYDEN 5035 MILE STRETCH DR City: HOLIDAY FL Zip Code: 34690

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HYDEN, ANNA R PO BOX 7420 SEMINOLE FL 33775-7420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 KINDER DRIVE MOREHEAD, KENTUCKY 40351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD HYDEN, DANIEL W PO BOX 7420 SEMINOLE FL 33775-7420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 130 KINDER DRIVE MOREHEAD, KENTUCKY 40351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD MALDONADO, PEDRO V 124 DUNBRIDGE DR PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ~~130 KINDER DRIVE~~ ~~MOREHEAD, KY~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ / PEDRO V. MALDONADO 02/10/2005 (727) 934 5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #