

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000093781

1. Entity Name
ADEPT SUPPORT COORDINATION, INC.



Principal Place of Business
2701 S RIDGEWOOD AVE.
STE. E-3
SOUTH DAYTONA, FL 32119 US

Mailing Address
2701 S RIDGEWOOD AVE.
STE. E-3
SOUTH DAYTONA, FL 32119 US

FILED

04 JUN 30 4 13: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2356376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN BLVD.
LOWER LEVEL
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

200039320662
07/20/04--01010--015 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME FROYMOVICH, PHILLIP
STREET ADDRESS 11579 SUTTON PLACE DRIVE
CITY-ST-ZIP CARMEL, IN 46032

TITLE D
NAME FROYMOVICH, ETELKA
STREET ADDRESS 11579 SUTTON PLACE DRIVE
CITY-ST-ZIP CARMEL, IN 46032

TITLE ED
NAME TREMBLAY, DAGNE
STREET ADDRESS 2701 S RIDGEWOOD AVE., STE E-3
CITY-ST-ZIP SOUTH DAYTONA, FL 32119

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/28/04 386 744-5000 X18