


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90388 042 ***150.00

DOCUMENT # P98000014600 1. Entity Name ADNIL PROFESSIONALS, INC.																																																																																																																																			
Principal Place of Business 6808 MIRROR LAKE AVENUE TAMPA, FL 33634			Mailing Address 6808 MIRROR LAKE AVENUE TAMPA, FL 33634																																																																																																																																
2. Principal Place of Business NORMANDY Sq. Plaza Suite, Apt. #, etc. 5915 Memorial Hwy "N"			3. Mailing Address Suite, Apt. #, etc. City & State Tampa FL																																																																																																																																
City & State Tampa FL		City & State 		4. FEI Number 59-3482761																																																																																																																															
Zip 33615		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent EHRESMANN, LINDA 6808 MIRROR LAKE AVENUE TAMPA, FL 33634				7. Name and Address of New Registered Agent Name: LINDA LOCKHART Street Address (P.O. Box Number is Not Acceptable) 5915 Memorial Hwy "N" City Tampa FL Zip Code 33615																																																																																																																															
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: <u><i>Linda Lockhart</i></u> DATE: <u>4/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P EHRESNIANN, SUSAN <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td colspan="3" style="width: 60%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>EHRESNIANN, SUSAN</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6808 MIRROR LAKE</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33634</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td>V LOCKHART, LINDA <input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>LOCKHART, LINDA</td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6808 MIRROR LAKE AVE</td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33634</td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td colspan="3">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P EHRESNIANN, SUSAN <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			NAME	EHRESNIANN, SUSAN	NAME				STREET ADDRESS	6808 MIRROR LAKE	STREET ADDRESS				CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP				TITLE	V LOCKHART, LINDA <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			NAME	LOCKHART, LINDA	NAME				STREET ADDRESS	6808 MIRROR LAKE AVE	STREET ADDRESS				CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			NAME		NAME				STREET ADDRESS		STREET ADDRESS				CITY-ST-ZIP		CITY-ST-ZIP			
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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: <u><i>Linda Lockhart</i></u> DATE: <u>4/11/05</u> DAYTIME PHONE #: <u>8134772192</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			