2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P98000083146

Entity Name: ADIRONDACK SERVICES, INC.

Current Principal Place of Business:

2024 SEMINOLE BLVD
LARGO, FL 33778

New Principal Place of Business:

Current Mailing Address:

2024 SEMINOLE BLVD
LARGO, FL 33778

New Mailing Address:

FEI Number: 59-3533187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO, FL 33770 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: HANSEN, ADAM
Address: 2249 JAFFA PLAC
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: VEGHTE, BRUCE
Address: 418 MIDWAY ISLE
City-St-Zip: CLEARWATER, FL 33767

Title: VTS ( ) Delete
Name: HANSON, LAUA
Address: 2249 JAFFA PL
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANSEN, ADAM
Address: 2249 JAFFA PLACE
City-St-Zip: CLEARWATER, FL 33764

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

Title: VTS (X) Change ( ) Addition
Name: HANSEN, LAURA
Address: 2249 JAFFA PLACE
City-St-Zip: CLEARWATER, FL 33764

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: LAURA HANSEN VTS 04/15/2004

Electronic Signature of Signing Officer or Director — Date