


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90191 043 ***158.75

DOCUMENT # P99000054555 1. Entity Name ADC, DOMMEL U.S., INC.					
Principal Place of Business 101 FIFTH AVENUE SAINT PETERSBURG, FL 33706 US			Mailing Address 101 FIFTH AVENUE SAINT PETERSBURG, FL 33706 US		
2. Principal Place of Business 5003 Brittany Dr S Suite, Apt. #, etc. #5		3. Mailing Address P O Box 13186 Suite, Apt. #, etc.			
City & State St Petersburg, FL		City & State St Petersburg, FL		4. FEI Number 59-3586097	
Zip 33715		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33733		Country Pinellas		03072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MUSK, CAROLYN 4217 4TH STREET N "A" SAINT PETERSBURG, FL 33703			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5003 Brittany Dr S., Unit 5 City St Petersburg FL Zip Code 33715		
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>Carolyn Musk</i></u> DATE <u><i>4/21/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DOMMEL, KARL GEORG <input checked="" type="checkbox"/> Delete ZWEIBRUECKENSTR I MUNCHEN, GERMANY, 80331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROLYN MUSK 5003 Brittany Dr S., Unit 5 St Petersburg, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOMMEL, BAERBEL HEDWIG <input checked="" type="checkbox"/> Delete ZWEIBRUECKENSTR I MUNCHEN, GERMANY, 80331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Carolyn Musk</i></u> <u><i>Carolyn Musk</i></u> <u><i>4/21/04</i></u> <u><i>727) 363-0603</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					