


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 023 ***150.00

DOCUMENT # P99000089861 1. Entity Name ADEL CONSTRUCTION CO., INC.	
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Principal Place of Business 1030 WEST 15 STREET WEST PALM BEACH, FL 33404	Mailing Address 1030 WEST 15 STREET WEST PALM BEACH, FL 33404
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40064278



2. Principal Place of Business - No P.O. Box # 1030 WEST 15 STREET Suite, Apt. #, etc.	3. Mailing Address 1030 west 15 street Suite, Apt. #, etc.
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02292008 Chg-P CR2E034 (12/06)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33404	Country U.S.A.
Zip 33404	Country U.S.A.

4. FEI Number 65-0947661	Applied For <input type="checkbox"/> Not Applicable
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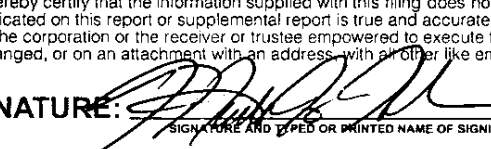
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APPLEBAUM, RAY C 1030 WEST 15TH STREET WEST PALM BEACH, FL 33404	7. Name and Address of New Registered Agent Name Applebaum, Martin Street Address (P.O. Box Number is Not Acceptable) 1030 west 15 street City West Palm Beach FL Zip Code 33404
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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 3/25/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APPLEBAUM, RAY C 1030 WEST 15 STREET WEST PALM BEACH, FL 33404 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Applebaum, Martin 1030 west 15 street West Palm Beach, FL 33404 <input checked="" 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
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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 exemptions contained in Chapter 119, 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 3/1/08 Daytime Phone # 561-848-3973
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