2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000111237

1. Entity Name
A & D ENTERPRISES 2000, INC.

Principal Place of Business	Mailing Address
207 SE 20TH PL CAPE CORAL, FL 33990	207 SE 20TH PL CAPE CORAL, FL 33990

02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0984241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LODISH, ALVIN
2500 1ST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI, FL 33131-2336

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENDERSON, JOHN
STREET ADDRESS	217 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	HENDERSON, ELIZABETH
STREET ADDRESS	217 SE 20TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	D
NAME	LOCKE, GEORGE
STREET ADDRESS	500 NW 165TH ST/RD #204
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80107-013 150.00

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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: x John D. Henderson 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #