

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 002 ***150.00

DOCUMENT # P99000111237 1. Entity Name A & D ENTERPRISES 2000, INC.	
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Principal Place of Business 207 SE 20TH PL CAPE CORAL, FL 33990	Mailing Address 207 SE 20TH PL CAPE CORAL, FL 33990
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60033699



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0984241	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.	

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

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

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John D. Henderson

4/28/08

239-699-1010