

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 020 ***150.00

DOCUMENT # S39979 1. Entity Name ADR ELECTRIC, INC.					
Principal Place of Business 181 SOUTH RIVER ROAD STUART, FL 34996 US				Mailing Address 181 SOUTH RIVER ROAD STUART, FL 34996 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 7370 S. ocean Drive Suite, Apt. #, etc. # 913 City & State Jensen Beach, FL Zip Country 34957 USA			
4. FEI Number 65-0281086				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01232005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ALTMAN, STUART H 100 SE 2ND ST INTERNATIONAL PL, 17TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 RANDALL, ALAN D. 181 SOUTH RIVER ROAD STUART, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7370 S. ocean Drive #913 Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RANDALL, ROBERT A 1815 S RIVER RD STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7370 S. ocean Drive #913 Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>Alan Randall</u> Alan Randall 1-27-05 (772) 2842102 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					