

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # G13052

1. Entity Name
R.K. ADAMS CONSTRUCTION, INC.



Principal Place of Business

**% ROBERT KENNETH ADAMS
1773 COPPERFIELD CIR., 10323
TALLAHASSEE, FL 32312**

Mailing Address

**% ROBERT KENNETH ADAMS
1773 COPPERFIELD CIR., 10323
TALLAHASSEE, FL 32312**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2245196	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, ROBERT KENNETH
1773 COPPERFIELD CIRCLE
TALLAHASSEE, FL 32312**

**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 reappointing)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ADAMS, ROBERT KENNETH
1773 COPPERFIELD CIR
TALLAHASSEE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ADAMS, SABRINA MARIE
1773 COPPERFIELD DR
TALLAHASSEE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000267889

03/18/05-80021-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sabrina M. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-05 850-893-6078

Date

Daytime Phone #