


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90028 047 \*\*\*150.00

**DOCUMENT # P00000038550**

1. Entity Name  
**ADAMS & GLENN, PA**



Principal Place of Business      Mailing Address  
**4320 LAKE IN THE WOODS DR.**      **4320 LAKE IN THE WOODS DR.**  
**SPRING HILL, FL 34607**      **SPRING HILL, FL 34607**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**7294 Edinborough Way**      **7294 Edinborough Way**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Weeki Wachee FL**      **Weeki Wachee, FL**  
 Zip      Country      Zip      Country  
**34613**      **USA**      **34613**      **USA**

40008119



01242007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3635429**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ROBERTA L. GLENN**  
**4320 LAKE IN THE WOODS DRIVE**  
**SPRING HILL, FL 34607**

Name: **Roberta L. Glenn**  
 Street Address (P.O. Box Number is Not Acceptable): **7294 Edinborough Way**  
 City: **Weeki Wachee FL**      Zip Code: **34613**

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: *Roberta L. Glenn*  
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, 2007 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<br>D                                   | <input type="checkbox"/> Delete | TITLE<br>D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>GLENN, ROBERTA L                     |                                 | NAME<br>Glenn, Roberta L.                             |  |
| STREET ADDRESS<br>4320 LAKE IN THE WOODS DR. |                                 | STREET ADDRESS<br>7294 Edinborough Way                |  |
| CITY-ST-ZIP<br>SPRING HILL, FL 34607         |                                 | CITY-ST-ZIP<br>Weeki Wachee FL 34613                  |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | NAME  |  |
| STREET ADDRESS                               |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | NAME  |  |
| STREET ADDRESS                               |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | NAME  |  |
| STREET ADDRESS                               |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP   |  |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                                 | NAME  |  |
| STREET ADDRESS                               |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                  |                                 | CITY-ST-ZIP   |  |

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: *Roberta L. Glenn*      *Roberta L. Glenn*      **1/30/07**      **352-346-3635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone \*