

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 24, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000079448

1. Entity Name  
ADAMS PAWN, INC.



Principal Place of Business  
1808 CORTEZ ROAD W UNIT 105-106  
BRADENTON, FL 34207

Mailing Address  
1808 CORTEZ ROAD W UNIT 105-106  
BRADENTON, FL 34207



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3861082

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ADAMS, GERALD  
1808 CORTEZ ROAD W UNIT 105-106  
BRADENTON, FL 34207

**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 Gerald L Adams Gerald L Adams 01/21/04  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ADAMS, FRED  
STREET ADDRESS 1808 CORTEZ ROAD W UNIT 105-106  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE VD  
NAME ADAMS, GERALD  
STREET ADDRESS PO BOX 1111  
CITY-ST-ZIP ONECO, FL 34264

TITLE  
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00000013026  
01/26/04-80036-012 150.00

**DO NOT WRITE  
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)(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: Gerald L Adams UP 01/21/04 941-753-5274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #