2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P98000018208

Entity Name: ADKINS HOME ENTERPRISES, INC.

Current Principal Place of Business:

213 MAHOGANY DR
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

213 MAHOGANY DR
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 65-0817805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, DONALD K
213 MAHOGANY DR
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADKINS, DONALD K
Address: 6860 SW 96TH ST
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete
Name: ADKINS, DONNA M
Address: 6860 SW 96TH ST
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete
Name: ADKINS, LACEY K
Address: 6860 SW 96TH ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADKINS, DONALD K
Address: 502 SAMIEL POINT
City-St-Zip: PEACHTREE CITY, GA 30269

Title: VP (X) Change ( ) Addition
Name: ADKINS, DONNA M
Address: 502 SAMIEL POINT
City-St-Zip: PEACHTREE CITY, GA 30269

Title: S (X) Change ( ) Addition
Name: ADKINS, LACEY K
Address: 502 SAMIEL POINT
City-St-Zip: PEACHTREE CITY, GA 30269

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ADKINS PRES 04/27/2005

Electronic Signature of Signing Officer or Director Date