


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086983 1. Entity Name ADAMS GROUP HOME, INC.		
Principal Place of Business 2400 OLEANDER DRIVE MIRAMAR, FL 33023		Mailing Address 2400 OLEANDER DRIVE MIRAMAR, FL 33023
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADAMS, JOYCE Y 2400 OLEANDER DRIVE MIRAMAR, FL 33023		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000144068 04/30/04-80117-009 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	ADAMS, JOYCE Y	
STREET ADDRESS	3800 S. OCEAN DR, #906	
CITY- ST- ZIP	HOLLYWOOD, FL 33019	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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>Joyce Y Adams President</u>		04/27/04 954 342-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #