

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37228

FILED
Jan 05, 2005
Secretary of State

Entity Name: ADAMS GROUP INSURANCE, INC.

Current Principal Place of Business:

1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 65-0076526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, GARY
1010 COMMERCE BLVD. NORTH
SUITE 201
SARASOTA, FL 34243 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: DPS () Delete
Name: ADAMS, GARY
Address: 1010 COMMERCE BLVD. NORTH SUITE 201
City-St-Zip: SARASOTA, FL 34243

Title: T () Delete
Name: ADAMS, DIANE
Address: 1010 COMMERCE BLVD. NORTH STE. 201
City-St-Zip: SARASOTA, FL 34243

Title: DVPM () Delete
Name: ADAMS, KEVIN
Address: 1010 COMMERCE BLVD. NORTH STE. 201
City-St-Zip: SARASOTA, FL 34243

Title: DVPA () Delete
Name: INLOW, EVELYN
Address: 1010 COMMERCE BLVD. NORTH STE. 201
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARY ADAMS

DPS

01/05/2005

Electronic Signature of Signing Officer or Director

Date