

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000150628

**Entity Name:** ADAMS PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

1101 MIRANDA LANE  
SUITE 131  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P O BOX 770464  
ORLANDO, FL 32877

**FEI Number:** 20-1834209

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OWENS, JULIA  
2262 WINDCREST LAKE CIRCLE  
ORLANDO, FL 32824 US

*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

**Officer/Director Detail :**

Title D  
Name OWENS, JULIA  
Address 2262 WINDCREST LAKE CIRCLE  
City-State-Zip: ORLANDO FL 32824

I hereby 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 all other like empowered.

**SIGNATURE:** JULIA OWENS

**DIRECTOR**

**02/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date