2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 149954

Address:

City-St-Zip:

470 CILLEY HILL DR

UNDERHILL, VT 05489

Entity Name: H.B. ADAMS, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5118 NOR	RTH 56TH STREET	3608 W AZEELE ST		
SUITE 140		TAMPA, FL 33609	US	
TAMPA, F	L 33010 US			
Current N	lailing Address:	New Mailing Address	:	
74 BAHAN TAMPA, F	MA CIRCLE IL 33606 US			
FEI Number	: 59-0564735 FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Ag	ent: Name and Address of	f New Registered Agent:	
	SHIRLEY L MA CIRCLE L 33606 US			
	e named entity submits this statement f e of Florida.	or the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Register	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PT () Delete ADAMS, SHIRLEY L 74 BAHAMA CIRCLE TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	() Change () Addition	
		• •	() O () A LEU	
Title: Name:	VPS () Delete ADAMS, BRUCE H	Title: Name:	() Change () Addition	
Address:	405 ERIE AVE	Address:		
City-St-Zip:	TAMPA, FL 33606	City-St-Zip:		
Title:	VD (X) Delete	Title:	() Change () Addition	
Name:	ROBERTS, JOHN V.,	Name:		
Address:	1430 WILLIAMS ROAD	Address:		
City-St-Zip:	LUTZ, FL	City-St-Zip:		
Title:	VP () Delete		() Change () Addition	
Name:	ADAMS, SHIRLEY L.	Name:		

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.

Address:

City-St-Zip:

SIGNATURE: BRUCE H ADAMS VPS 04/29/2005