2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

Application	DOCUMENT # 149954 1. Entity Name H.B. ADAMS, INC.)		: 90023 038	***150.00	
TAMPA, FL 33609 US	Principal Place of Business Mailing Address				740053	3054			
2. Principal Place of Business - No P.O. Dox # 7. Maining Address - Sans Apt. #, etc. Suite. Suite. Suite.									
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ADAMS, SHRILEY L 74 BAHAMA CIRCLE TAMPA, FL 33606 6. 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 summar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE VPD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE VPD OBERS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE ADAMS, SHIRLEY L SIRREL NORSES 11. ADDITIONS/CHANGE		6. Name and Address of Current F	Registered Agent		7. Name and A	ddress of New R			
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the obligations of registered agent, or both, in the State of Floride, I am familiar with, and accept the second of registered agent, or both, in the State of Floride, I am familiar with, and accept the second of registered agent, or both, in the State of Floride, I am familiar with, and accept the second of registered agent, or both, in the State of Floride, I am familiar with, and accept the second of registered agent, or both in the State of Floride, I am familiar with, and accept the second of registered agent ag	74 BAHAMA CIRCLE			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
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## After May 1, 2008 Fee will be \$50.00 Trust Fund Contribution. Added to Fees									
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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	Indicated	on this report or supplemental report is:	true and accurate and that my sig	inati ke shall have the	same lenal ellect	ae if mada under o	ath: that I am an.	officer or dispeter	
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 improvered.									
SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEED TO									