

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 207950

1. Entity Name
ADAMS GROVES, INC.



Principal Place of Business

**RT. 1, BOX 240 ADAMS BARN ROAD
P.O. BOX 1364
AUBURNDALE, FL 33823**

Mailing Address

**RT. 1, BOX 240 ADAMS BARN ROAD
P.O. BOX 1364
AUBURNDALE, FL 33823**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0825246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, C W
RT. 1, BOX 240 ADAMS BARN ROAD
AUBURNDALE, FL 33823**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
ADAMS, B R
ADAMS BARN ROAD
AUBURNDALE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ADAMS, C W
ADAMS BARN ROAD
AUBURNDALE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GARNER, JOHN E. JR
ADAMS BARN ROAD
AUBURNDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ADAMS, MARY P
ADAMS BARN ROAD
AUBURNDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ADAMS, CHARLES W III
ADAMS BARN RD.
UBURNDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000183332
01/19/05-80060-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

C. W. Adams

C. W. Adams

Jan. 12, 2005 863 956-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #