


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 029 ***150.00

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		
2. Principal Place of Business 2222 W. Pierce Street Suite, Apt. #, etc.		3. Mailing Address P O Box 1364 Suite, Apt. #, etc.			
City & State Lake Alfred, Fl. Zip 33850		City & State Auburndale, Fl. Zip 33823		4. FEI Number 59-0825246	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2222 W. Pierce Street City Lake Alfred FL Zip Code 33850	
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 <u><i>C.W. Adams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/4/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete ADAMS, B R ADAMS BARN ROAD AUBURNDALE, FL 00000,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 W. Pierce Street Lake Alfred, Fl. 33850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete ADAMS, C W ADAMS BARN ROAD AUBURNDALE, FL 00000,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 W. Pierce Street Lake Alfred, Fl. 33850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete GARNER, JOHN E. JR ADAMS BARN ROAD AUBURNDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 W. Pierce Street Lake Alfred, Fl. 33850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ADAMS, MARY P ADAMS BARN ROAD AUBURNDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 W. Pierce Street Lake Alfred, Fl. 33850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ADAMS, CHARLES W III ADAMS BARN RD. UBURNDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2222 W. Pierce Street Lake Alfred, Fl. 33850	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u><i>C.W. Adams</i></u> <u>1/4/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					