

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 207950

Entity Name: ADAMS GROVES, INC.

**FILED**  
**Jul 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1519 3RD STREET SE  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4399  
WINTER HAVEN, FL 33885 US

**New Mailing Address:**

FEI Number: 59-0825246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS,C W  
1519 3RD STREET SE  
WINTER HAVEN, FL 33880 US

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

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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: ADAMS, B R JR  
Address: 1519 3RD STREET SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PTDT  
Name: ADAMS, C W  
Address: 1519 3RD STREET SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VS  
Name: ADAMS, MARY P  
Address: 1519 3RD STREET SE  
City-St-Zip: WINTER HAVEN, FL 33880

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: C.W. ADAMS

P

07/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date