2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 258665 1. Entity Name ADAMS RANCH, INC.			1			TO TO	2007 M		AM 10:		
Principal Place of Business 26003 ORANGE AVENUE P.O. BOX 12909 FT PIERCE, FL 34979-2909			Mailing Address 26003 ORANGE AVENUE P.O. BOX 12909 FT PIERCE, FL 34979-2909			i Jitaka ke	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05012007	Chg-P	CR2E03	34 (12/06)		
City & State			City & State			4. FEI Numb 59-096				olied For Applicable	
Zip	Country		Zip Count		try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent						
ADAMS ,A 26015 ORA FORT PIEI	ANGE AV		:		Mi Street Addres 25501	Michael L. Adams Street Address (P.O. Box Number is Not Acceptable) 25501 Orange Avenue					
			$^{ extsf{City}}Ft$.	Pierce,		FL	Zip Code	5			
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 Michael L. Adams, President 5/1/07 Signature, typed or printed name of registered agent and ride if applicable. (NOTE. Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. OFFICERS AND I						/CHANGES TO OFF					
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	25501 OF	MICHAEL L. RANGE AVE. RCE, FL 34945	☐ Delete	ET ADDRESS 23	285 Oran	dent/Direlarrison age Avenue . FL 349	e	Change	* Addition		
TITLE	VD		□ Detete TITLE				•		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, A 25305 OR FORT PIE			E Et adoress - St-Zip	1 C 05/23	0 01030 /0701009-	941 ! -029	61 **61.25	;		
TITLE	SD Delete			TITLE	:				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ADAMS, DOROTHY S. 26015 ORANGE AVE. FORT PIERCE, FL 34945				E ET ADDRESS -ST-ZIP						
TITLE NAME	CD ADAMS	ALTO L., JR.	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	26015 OF	RANGE AVE. ERCE, FL 34945		STRE	ET ADDRESS -ST-ZIP	A 176/2 TOLL					
title Name	D Delete ADAMS, ROBERT L			TITLE	ı				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	22500 OKEECHOBEE ROAD FORT PIERCE, FL 34945			STRE	ET ADDRESS -ST-ZIP					ŀ	
TITLE			☐ Delete	тпц	1				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				СПУ	ET ADDRESS -ST-ZIP						
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: Michael L. Adams 5/1/07 (772) 461-6321 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Disjurne Phone #											

Chla