

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258665

FILED
Feb 16, 2011
Secretary of State

Entity Name: ADAMS RANCH, INC.

Current Principal Place of Business:

26003 ORANGE AVENUE
FT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12909
FT PIERCE, FL 349792909

New Mailing Address:

FEI Number: 59-0963238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, MICHAEL L
26003 ORANGE AVENUE
FORT PIERCE, FL 34945 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: PD
Name: ADAMS, MICHAEL L.
Address: 26003 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34945

Title: VD
Name: ADAMS, ALTO L., III
Address: 26003 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34945

Title: S
Name: ADAMS, DOROTHY S.
Address: 26003 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34945

Title: CD
Name: ADAMS, ALTO L., JR.
Address: 26003 ORANGE AVE.
City-St-Zip: FORT PIERCE, FL 34945

Title: D
Name: ADAMS, ROBERT L.
Address: 26003 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: VPD
Name: HARRISON, PETER W
Address: 26003 ORANGE AVENUE
City-St-Zip: FT PIERCE, FL 34945

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: MICHAEL L. ADAMS

PD

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date