

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 385664**

1. Entity Name  
**JOHN P. ADAMS PROPERTIES, INC.**



Principal Place of Business  
**2500 DUNDEE RD  
P.O. BOX 1667  
WINTER HAVEN, FL 33884 US**

Mailing Address  
**2500 DUNDEE RD  
WINTER HAVEN, FL 33884 US**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1383552**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ADAMS, JOHN P  
2500 DUNDEE RD  
WINTER HAVEN, FL 33884**

**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 John P. Adams

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ADAMS, DANIEL J.
STREET ADDRESS	2530 PARTRIDGE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VPSD
NAME	FORREST, PAULA A
STREET ADDRESS	3944 CYPRESS LANDING W
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	ADAMS, ANN
STREET ADDRESS	7 PEACHTREE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VD
NAME	ADAMS, JOHN P
STREET ADDRESS	7 PEACHTREE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VTD
NAME	ADAMS, THOMAS
STREET ADDRESS	1855 OVERLOOK DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000542362  
05/10/06-80036-007 150.00

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IN THIS SPACE**

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 06  
Date Daytime Phone #