2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 385664

Entity Name: JOHN P. ADAMS PROPERTIES, INC.

Current Principal Place of Business:

2500 DUNDEE RD
P.O. BOX 1667
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

2500 DUNDEE RD
WINTER HAVEN, FL 33884 US

Current Mailing Address:

2500 DUNDEE RD
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-1383552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ADAMS, DANIEL J.
Address: 2530 PARTRIDGE DRIVE
City-St-Zip: WINTER HAVEN, FL

Title: VPSD ( ) Delete
Name: FORREST, PAULA A
Address: 3944 CYPRESS LANDING W
City-St-Zip: WINTER HAVEN, FL

Title: VD ( ) Delete
Name: ADAMS, ANN
Address: 7 PEACHTREE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete
Name: ADAMS, JOHN P
Address: 7 PEACHTREE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VTD ( ) Delete
Name: ADAMS, THOMAS
Address: 1855 OVERLOOK DRIVE
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change ( ) Addition
Name: FORREST, PAULA A
Address: 5000 LAKE PIERCE DRIVE
City-St-Zip: LAKE WALES, FL 33989

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change ( ) Addition
Name: ADAMS, THOMAS
Address: 108 LAKE RING DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN P ADAMS VD 04/03/2009
Electronic Signature of Signing Officer or Director Date