2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90021 009 ***150.00

DOCUMENT # 591154

1. Entity Name
BOB ADAMS, INC.

Principal Place of Business	Mailing Address
126 CRYSTAL BEACH AVENUE CRYSTAL BEACH, FL 34681 US	P.O. BOX 6719 OZONA, FL 34660-6719 US

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1212 SALT LAKE DR.	1212 SALT LAKE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FL	City & State: TARPON SPRINGS, FL
Zip: 34689 FL — Country: USA	Zip: 34689 FL — Country: USA

4. FEI Number: 59-3005824 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, ROBERT C 310 SUNSET WAY OZONA, FL 34660-6719	Name: Street Address (P.O. Box Number is Not Acceptable): 1212 SALT LAKE DR City: TARPON SPRINGS FL Zip Code: 34689

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 ____________________
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ADAMS, ROBERT C	NAME	
STREET ADDRESS	310 SUNSET WAY	STREET ADDRESS	1212 SALT LAKE DR.
CITY-ST-ZIP	OZONA, FL	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] ROBERT C. ADAMS 1/12/04 (727) 638-6288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #