


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 616209

1. Entity Name
ADAMS FARMS, INC.



Principal Place of Business Mailing Address

751 OTTER POND RD 751 OTTER POND RD
 WESTVILLE, FL 32464-9317 US WESTVILLE, FL 32464-9317 US

DO NOT WRITE IN THIS SPACE



03222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1957800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, LEONARD D
 2575 HIGHWAY 185
 DEFUNIAK SPRINGS, FL 32433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DEWITT RT. 2, BOX 375 WESTVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DAVID RT 3 BOX 253 DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADAMS, LEONARD RT 3 BOX 254-A DEFUNIAK SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000881027
 04/15/08-80076-022 150.00

DO NOT WRITE 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: Leonard D Adams Leonard D. Adams 4/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #