2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # F0000001804 03-27-2006 90269 047 ***150.00 TERRY ADAMS, INC. Principal Place of Business Mailing Address 111 S. MULBERRY ST., SUITE 101 111 S. MULBERRY ST., SUITE 101 **ELIZABETHTOWN KY 42701** ELIZABETHTOWN KY 42701 2. Principal Place of Business 3. Mailing Address DIXIL 50 Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 61-1201804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --5. Name and Address of Current Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President Change Addition TITLE ☐ Delete NAME ADAMS, TERI F NAME ON. DIXIE, Ste SUO STREET ADDRESS STREET ADDRESS 111 SOUTH MULBERRY ST. CITY-ST-ZIP CITY-ST-ZIP **ELIZABETHTOWN KY 42701** svč TIÊLE ☐ Addition TITLE Delete TheresARAdams NAME ADAMS, THERESA M MAME 790 N. DIXIE Ste 500 STREET ADDRESS STREET ADDRESS 111 SOUTH MULBERRY ST. CITY-ST-ZIP CITY-ST-ZIP **ELIZABETHTOWN KY 42701** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOTLE ☐ Change ☐ Addition TITLE 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 exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED