


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90060 009 \*\*\*150.00

<b>DOCUMENT # F16548</b> 1. Entity Name <b>ADOLF CONSTRUCTION INC.</b>					
Principal Place of Business <b>2120 SW 7TH AVE OCALA, FL 34474</b>			Mailing Address <b>PO BOX 1 OCALA, FL 34478-0001</b>		
2. Principal Place of Business - No P.O. Box # <b>2120 SW 7TH AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>OCALA FL</b>		City & State		4. FEI Number <b>59-2057180</b>	
Zip <b>34471</b>		Country <b>MARION</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADOLF, CHARLES P 410 SW 36TH PLACE OCALA, FL 32674</b>				7. Name and Address of New Registered Agent Name <b>ADOLF, CHARLES P.</b> Street Address (P.O. Box Number is Not Acceptable) <b>410 SW 36TH PLACE</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34471</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADOLF, CHARLES P. 410 SW 36TH PLACE OCALA, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Charles P. Adolf</u> <b>Charles P. Adolf</b> (352) 351-5983 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					