



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90032 043 ***150.00

DOCUMENT # F61335 1. Entity Name ADAMS ENGINEERING ASSOCIATES, INC.					
Principal Place of Business 20201 CORTEZ BLVD. BROOKSVILLE, FL 34601 US			Mailing Address 20201 CORTEZ BLVD. BROOKSVILLE, FL 34601 US		
2. Principal Place of Business 20205 CORTEZ BLVD.		3. Mailing Address 9362 WALLIEN DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. BROOKSVILLE			
City & State BROOKSVILLE FL		City & State FL			
Zip 34601		Country HERNANDO.		4. FEI Number 59-2146456	
Zip 34601		Country HERNANDO.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JAMES F. 9362 WALLIEN DRIVE BROOKSVILLE, FL 34601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>James F. Adams</i> DATE 2-14-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTC ADAMS, JAMES F. 9362 WALLIEN DR BROOKSVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS ADAMS, BARBARA 9362 WALLIEN DR BROOKSVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>James F. Adams</i> DATE: 2-14-2004 DAYTIME PHONE: 352-796-8567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					