## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # F61335**

1. Entity Name



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

Country   FER IS \$150.00   Page   P	ADAMS E	ENGINEERING ASSOCIA	ATES, INC.		02-17-2	:004 90032 043	130.00
2. Principal Place of Business .  2. 20 S CORTEZ DUD 9 9 6 J LIALLEGU D.2.  Solita, Apr. F. Ric.  December 2018 2018 20 Control 10 Country .  2. 20 S Sales .  December 2018 20 Country .  December 20	20201 COR	TEZ BLVD.	20201 CORTEZ BLVD.	501 US		<b>u a -</b> -	_***
City & State    Display State   Country   Coun	2020	5 CORTEZ BLU		KLIEN DR			
Space   Spac		,	BROOKSVI	LLE LLE	<u> </u>	CR2E034 (10/	· · · · · · · · · · · · · · · · · · ·
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Bax Number is Not Acceptable)  City  FL  Zip Code  City	BROG	OKSUTLLE FL	State /= C			-	Not Applicable
ADAMS, JAMES F.  3862 WALLIEN DRIVE BROOKSVILLE, FL 34601  City  FL Zip Code  Street Address (P.O. Box Number is No! Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  Street Address (P.O. Box Number is No! Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is No! Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is No! Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is No! Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  ONTE  Signature  Signature  Signature  Signature  Signature  Advance  Advance  Advance  Advance  Advance  ADAMS, JAMES F.  OPFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Charge Addition  Advance  ADAMS, JAMES F.  Signature  ADAMS, BARBARA  A		Country HERNAND	zip 3 4 601	Country WERNANDO	5. Certificate of Status Desire		
ADAMS, JAMES F.  BROOKSVILLE, FL 34601    City   FL   Zip Code			ent Registered Agent	Name	7. Name and Address of Ne	ew Registered Agent	
B. 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.    A	9362 WAL	LIEN DRIVE	nu 🕳 — Thipidae III.		s (P.O. Box Number is Not Accep		
B. 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.  J - 14 - 2.0 d.  J - 14 - 2.0 d.  J - 14 - 2.0 d.  SIGNATURE Submits hips and set 1 applicable. (NOTE Registered Agent signature required when remiztance)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IN PTC  ADAMS, JAMES F.  JOHN STRET ADARS  STRET ADARS  ADAMS, JAMES F.  STRET ADARS  STRET ADARS  ADAMS, BARBARA  STRET ADARS  ADAMS, BARBARA  STRET ADARS  ST				City		<b>E</b> j Zip	Code
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing	8. The above the obligat	Bollmul (1)	Carre	registered office or regist		of Florida. I am familiar	,
Added to Fees    Octoor   Added to Fees   Added to Fees		Signature, typed or printer adme of registered a	gent and title if applicable. (NOTE	E: Registered Agent signature requir	red when reinstating)	DATE	
TITLE   Change   Addition	After Ma	ay 1, 2004 Fee will be \$5	50.00 Trust Fund Conti				
ADAMS, JAMES F. 9362 WALLIEN DR 9362 WALLIEN D		T			ADDITIONS/CHANGES TO	·	
ADAMS, BARBARA  3362 WALLIEN DR  BROOKSVILLE, FL    Delete   MAME	STREET ADDRESS	9362 WALLIEN DR		name Street address			ngo <u>L.</u> Abbutton
THEE CHANGE CHAN	AAME Street address	ADAMS, BARBARA 9362 WALLIEN DR	☐ Delete	NAME STREET ADDRESS		[] Cha	nge 🔲 Addition
MAME STREET ADDRESS CITY-ST-ZIP  TILE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TILE MAME STREET ADDRESS CITY-ST-ZIP  TILE MAME STREET ADDRESS CITY-ST-ZIP  TILE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP  TI	iame Treet address		☐ <b>Dele</b> te	TITLE NAME STREET ADDRESS	, ,	Cha	nge [] Addition
AMME STREET ADDRESS ATY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TILE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Change Addition AMME STREET ADDRESS CITY-ST-ZIP  2. I hereby certify that the information supplied with this fitting 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 directly 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	iame Treet adoress		- · · Delete	NAME STREET ADDRESS	and the second second second	Cha	nge — 🗀 Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	iame Treet address		☐ Delete	NAME STREET ADDRESS		Cha	nge 🗌 Addition
indicated on this report of 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 directly 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.	ame Treet address		☐ Delete	name Street address		Cha	nge 🔲 Addition
DIGITAL UNL. BOWN 71. VINDO	of the con changed,	on this report of supplemental reproporation of the receiver or trustee error on an attachment with an addre	ort is true and accurate and that in impowered to execute this report.	ny signature shall have the as required by Chapter 60	e same legal effect as if made un 07. Florida Statutes: and that my i	der oath; that I am an of name annears in Block	ficer or director