

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F61335

1. Entity Name
ADAMS ENGINEERING ASSOCIATES, INC.



Principal Place of Business Mailing Address

9362 WALLIEN DR. 9362 WALLIEN DR.
 BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 US



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2146456 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, JAMES F
9362 WALLIEN DRIVE
BROOKSVILLE, FL 34601

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	ADAMS, JAMES F.
STREET ADDRESS	9362 WALLIEN DR
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	VS
NAME	ADAMS, BARBARA
STREET ADDRESS	9362 WALLIEN DR
CITY-ST-ZIP	BROOKSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000387987
 01/19/06-80061-011 150.00

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: *James F. Adams (Barbara G. Adams)* **352-796-8562**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-17-2006** Daytime Phone #