

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90245 043 \*\*\*158.75

**DOCUMENT # F71298**

1. Entity Name  
**ADAM'S MANUFACTURING COMPANY**



Principal Office Address  
599 K Alain Adam & • Lori Lepine 337  
OCOEI 7546 Swiss Fairways Ave. • Clermont, FL 34711 L 34761

**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2170656

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ADAM, ALAIN  
~~599 KISSIMMEE ACRES #8~~ 7546 SWISSFAIRWAY  
~~OCOEI, FL 34761~~ AVE  
CLERMONT, FL  
34711

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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 alain adam

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/8/06  
DATE

**FILED FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ADAMS, ALAIN  
STREET ADDRESS P.O. BOX 684  
CITY-ST-ZIP OCOEE, FL 34736 GROVELAND FL 34736

TITLE SD  
NAME ADAM, CINDY GOSSE  
STREET ADDRESS P.O. BOX 684  
CITY-ST-ZIP OCOEE, FL 34736 GROVELAND FL 34736

TITLE PRESIDENT  
NAME ALAIN ADAM  
STREET ADDRESS 7546 SWISS FAIRWAY AVE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: alain adam ALAIN ADAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/06  
Date

Daytime Phone #



7546 Sweetfair way  
Clermont FL 34711  
**ADAM'S MANUFACTURING, CO.**

~~599 Kistner Avenue • Industrial Park • Geesee, Florida 34761 USA~~  
Phone: (407) 656-0064 • Fax: (407) 877-9155

may - 5 - 06

ATTACHMENT  
40090958  
F71298

I am sorry I over look.  
my Annual Report Notice

I have had a bad fall.  
and need to be Hospitalized

Sincerely  
A. Adam