

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90014 025 ***150.00

DOCUMENT # F74627	
1. Entity Name ADAMS, CAMERON TITLE SERVICES, INC.	

Principal Place of Business 319 N ATLANTIC AVE. DAYTONA BEACH, FL 32118 444 Seabreeze Blvd. Ste 170	Mailing Address 444 Seabreeze Blvd. 319 N ATLANTIC AVE. Ste 170 DAYTONA BEACH, FL 32118
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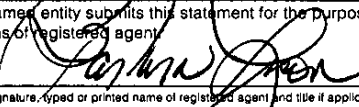
02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2203368	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEMMON, BARBARA ANN 319 N ATLANTIC AVE DAYTONA BEACH, FL 32118 444 Seabreeze Blvd. Ste 170	

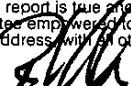
DO NOT WRITE IN THIS SPACE

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: 	DATE: 2-23-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMMON, BARBARA ANN 2675 JOHN ANDERSON DR. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, HELEN 1094 JOHN ANDERSON DR. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, ROBERT L. 986 JOHN ANDERSON DR. ORMOND BEACH, FL
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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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 an other like empowered.	
SIGNATURE: 	DATE: 2-23-05 DAYTIME PHONE: 386-258-9500