2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State
03-17-2005 90014 025 ***150.00

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1. Entity Name
ADAMS, CAMERON TITLE SERVICES, INC.

40033526

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

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~~ 444 Seabreeze Blvd. Ste 170
DAYTONA BEACH, FL 32118

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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 _____ 2-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEMMON, BARBARA ANN
STREET ADDRESS	2675 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	TD
NAME	ADAMS, HELEN
STREET ADDRESS	1094 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	SD
NAME	ADAMS, ROBERT L.
STREET ADDRESS	986 JOHN ANDERSON DR.
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-23-05 386-258-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #