

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # F74627

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



Principal Place of Business
444 SEABREEZE BLVD STE 170
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD STE 170
DAYTONA BEACH, FL 32118



02042008 No Chg-P CR2E034 (11/05)

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
444 SEABREEZE BLVD STE 170
DAYTONA BEACH, FL 32118

**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

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

(NOTE: Registered Agent signature required when reinstating)

04/03/08-80052-017 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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

**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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Adams 3-17-08 386-2538044

Date Daytime Phone #