

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003776

Entity Name: ADAMS REMCO, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

3611 ST. JOHNS BLUFF RD. S
STE 7
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3968
SOUTH BEND, IN 466190968

New Mailing Address:

P.O. BOX 3968
SOUTH BEND, IN 466190968 US

FEI Number: 35-0846435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, RON
3611 ST JOHN BLUF RD 5
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

CHAPMAN, RON
3611 ST JOHN BLUFF RD
STE. 7
JACKSONVILLE, FL 32224 US

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.

SIGNATURE: RON CHAPMAN

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CARLILE, REX
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: VC () Delete
Name: CARLILE, HELEN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: P () Delete
Name: CARLILE, DONALD
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V () Delete
Name: CARLILE, DEAN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V () Delete
Name: RIGGS, DAVID
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: ST () Delete
Name: RIGGS, KATHY
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON CARLILE

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date