

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000003776

1. Entity Name
ADAMS REMCO, INC.



Principal Place of Business
**3611 ST. JOHNS BLUFF RD. S
STE 7
JACKSONVILLE, FL 32224**

Mailing Address
**P.O. BOX 3968
SOUTH BEND, IN 46619-0968 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-0846435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CARLILE, REX
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	VC
NAME	CARLILE, HELEN
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	P
NAME	CARLILE, DONALD
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	V
NAME	CARLILE, DEAN
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	V
NAME	RIGGS, DAVID
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628
TITLE	ST
NAME	RIGGS, KATHY
STREET ADDRESS	2612 FOUNDATION DRIVE
CITY-ST-ZIP	SOUTH BEND, IN 46628

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03/28/07-80044-013 150.00

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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: William Fladeland, CFO **WILLIAM FLADELAND** 3-16-07 574-288-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #