

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003776

Entity Name: ADAMS REMCO, INC.

FILED
Jan 31, 2011
Secretary of State

Current Principal Place of Business:

3611 ST. JOHNS BLUFF RD. S
STE 14
JACKSONVILLE, FL 32224

New Principal Place of Business:

3611 ST. JOHNS BLUFF RD.
STE 14
JACKSONVILLE, FL 32224

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-0846435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLILE, REX
3611 ST JOHN BLUFF RD
STE. 14
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD CARLILE

P

01/31/2011

Electronic Signature of Signing Officer or Director

Date