

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G13052**  
 1. Entity Name  
**R.K. ADAMS CONSTRUCTION, INC.**



**FILED**  
 06 APR 10 PM 12:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>% ROBERT KENNETH ADAMS 1773 COPPERFIELD CIR., 10323 TALLAHASSEE, FL 32312</b>	Mailing Address <b>% ROBERT KENNETH ADAMS 1773 COPPERFIELD CIR., 10323 TALLAHASSEE, FL 32312</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2245196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ADAMS, ROBERT KENNETH  
1773 COPPERFIELD CIRCLE  
TALLAHASSEE, FL 32312**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP ADAMS, ROBERT KENNETH 1773 COPPERFIELD CIR TALLAHASSEE, FL 00000,	<input type="checkbox"/> Delete
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	DV ADAMS, SABRINA MARIE 1773 COPPERFIELD DR TALLAHASSEE, FL 00000,	<input type="checkbox"/> Delete
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TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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circle

TITLE	NAME	<input type="checkbox"/> Delete
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TS 4/10/06

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:** *Sabrina M. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9 -06 **850-893-6078**  
Date Daytime Phone #