

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90227 018 ***150.00

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04262006 Chg-P CR2E034 (11/05)

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|--|---|--|---|--|--|
| DOCUMENT # G31570 1. Entity Name ADAMS BUILDING MATERIALS, INC. | | | | | |
| Principal Place of Business C/O GREGORY J. ADAMS 1801 7TH STREET, S.W. WINTER HAVEN, FL 33880-4376 US | | | Mailing Address C/O GREGORY J. ADAMS 1801 7TH STREET, S.W. WINTER HAVEN, FL 33880-4376 US | | |
| 2. Principal Place of Business 2970 PLANTATION ROAD Suite, Apt. #, etc. | | 3. Mailing Address 2970 PLANTATION ROAD Suite, Apt. #, etc. | | 4. FEI Number 59-2283153 Applied For <input type="checkbox"/> Not Applicable | |
| City & State | | City & State | | | |
| Zip 33884 | Country | Zip 33884 | Country | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent ADAMS, GREGORY J 2970 PLANTATION ROAD 1801 7TH ST. S.W. WINTER HAVEN, FL 33884 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | 10. OFFICERS AND DIRECTORS | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | 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. | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ADAMS, GREGORY J 2970 PLANTATIONS ROAD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD ADAMS, JOSEPH 125 WODEN WAY WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11126 BRIDGE HOUSE ROAD WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOORE, GARY E. 90 JAMES SCOTT COURT WINTER HAVEN, FL <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, DIANE 107 JARDINE LN WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST ADAMS, AARON 527 TECRANOVA CIR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GERVASI, VINCENT 2400 NIGHTINGALE LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| SIGNATURE: <u>AARON C. ADAMS</u> <u>4/27/06</u> <u>863-294-0611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |