


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G31570 1. Entity Name ADAMS BUILDING MATERIALS, INC.	
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Principal Place of Business 2970 PLANTATION ROAD WINTER HAVEN, FL 33884 US	Mailing Address 2970 PLANTATION ROAD WINTER HAVEN, FL 33884 US
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2283153	Applied For Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, GREGORY J 2970 PLANTATIONS ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ADAMS, JOSEPH 11126 BRIDGE HOUSE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DIANE 107 JARDINE LN WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST ADAMS, AARON 527 TECRANOVA CIR WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERVASI, VINCENT 2400 NIGHTINGALE LANE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/07-80070-001 150.00

**DO NOT WRITE
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: Gregory J Adams Gregory J Adams 3-6-07 863 287-9511
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #