

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35997

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: ADAMS LP GAS AND SERVICE INC.

**Current Principal Place of Business:**

20791 CENTRAL AVENUE EAST  
BLOUNTSTOWN, FL 32424 US

**New Principal Place of Business:**

**Current Mailing Address:**

20791 CENTRAL AVENUE EAST  
BLOUNTSTOWN, FL 32424 US

**New Mailing Address:**

FEI Number: 59-2538255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, PONY B VP  
23804 NE CR 69A  
ALTHA, FL 32421 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: ADAMS, PONY B VP  
Address: 23804 NE CR 69A  
City-St-Zip: ALTHA, FL 32421 US

Title: VP ( ) Delete  
Name: ADAMS, PATRICIA A VP  
Address: 23804 NE CR 69A  
City-St-Zip: ALTHA, FL 32421 US

Title: P&ST ( ) Delete  
Name: FLOYD, TAMMY P P & ST  
Address: 24054 NE CR 69A  
City-St-Zip: ALTHA, FL 32421 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PONY B ADAMS

VP

06/24/2009

Electronic Signature of Signing Officer or Director

Date