

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # J14379

1. Entity Name

R. M. ADAMS & ASSOCIATES, INC.



Principal Place of Business

3525 NELSON PL
TITUSVILLE, FL 32780 US

Mailing Address

G945239
P.O. BOX 2846
TITUSVILLE, FL 32781-2846 US



DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2707397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT M.
3525 NELSON PLACE
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ADAMS, ROBERT
STREET ADDRESS 3525 NELSON PLACE
CITY - ST - ZIP TITUSVILLE, FL

TITLE DST
NAME ADAMS, LINDA
STREET ADDRESS 3525 NELSON PLACE
CITY - ST - ZIP TITUSVILLE, FL

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000000317718
04/20/05-80030-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Linda Adams LINDA ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

Date

321-269-6506

Daytime Phone #