~~2005~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J14379

1. Entity Name
R. M. ADAMS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3525 NELSON PL TITUSVILLE, FL 32780 US	G945239 P.O. BOX 2846 TITUSVILLE, FL 32781-2846 US

04012006 No Chg-P CR2E034 (11/05)

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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

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6. 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 agent is an officer or authorized representative of a corporate registered agent) (If a Registered Agent is changing his or her registered office address)

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	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
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Robert Adams LINDA ADAMS 4-5-06 321-269-6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER