

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # J14379 1. Entity Name R. M. ADAMS & ASSOCIATES, INC.	
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Principal Place of Business 3525 NELSON PL TITUSVILLE, FL 32780 US	Mailing Address G945239 P.O. BOX 2846 TITUSVILLE, FL 32781-2846 US
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

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
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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 required for change of registered agent and fee. (NOTE: Registered agent signature required when re-statuting) DATE _____

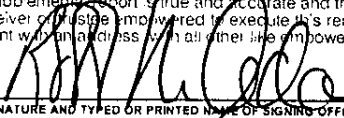
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ADAMS, ROBERT 3525 NELSON PLACE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST ADAMS, LINDA 3525 NELSON PLACE TITUSVILLE, FL
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05/23/08-80015-001 150.00

**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 life empowered.

SIGNATURE:  **ROBERT M. ADAMS** 4-28-08 321-269-6506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR