


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 030 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # J26833 1. Entity Name ADAMS AUTO PARTS, INCORPORATED | | | |  | |
| Principal Place of Business 1220 JACKSON AVE CHIPLEY, FL 32428 US | | | Mailing Address 1220 JACKSON AVE CHIPLEY, FL 32428 US | | |
| 2. Principal Place of Business - No P.O. Box # SAME | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2703124 | |
| Zip | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent ADAMS, GAIL 1220 JACKSON AVE HWY 77 SOUTH CHIPLEY, FL 32428 | | | | 7. Name and Address of New Registered Agent Name DAKODA ADAMS Street Address (P.O. Box Number is Not Acceptable) 1220 JACKSON AVE. City Chipley FL Zip Code 32428 | |
| 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 <u><i>Dakoda Adams</i></u> DATE <u>3/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ADAMS, JOHN 1220 JACKSON AVE CHIPLEY, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ADAMS, GAIL 1220 JACKSON AVE CHIPLEY, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DAKODA ADAMS 1220 JACKSON AVE CHIPLEY, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u><i>John Adams</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>3-28-07</u> <u>850-638-7990</u> <small>Date Daytime Phone #</small> | | |