## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # J46857\*

1. Entity Name

ADAMS OFFICE AND BUILDING MAINTENANCE, INC.



**FILED** Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business

112 RIVERS EDGE RD NORTH ST AUGUSTINE, FL 32092 US Mailing Address

P O BOX 54218 Jacksonville, FL 32245.



DO NOT WRITE IN THIS COACE	91142005 No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2755318	Applied For Not Applicable
The second secon	5. Certificate of Status Desired	S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOHN B 112 RIVERS EDGE RD NORTH ST AUGUSTINE, FL 32092

## 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 at the obligations of registered agent.  SiGNATURE    Signature, typed or printed name of registered agent and title if applicable. (MOTE, Registered Agent signature required when reinstating)    DATE			•			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  FILE V NAME ADAMS, JOHN BEACH	ocept	th, in the State of Florida. I am familiar with, and acco	d office or registered agent, or both	ourpose of changing its registere		
FILE NOW!!! FEE IS \$150.00 After Way 1, 2005 Fee will be \$550.00  9. Election Campaign Finanting Added to Fees  10. OFFICERS AND DIRECTORS  IRLE V NAME ADAMS, JOHN BEACH	<b>-</b> .	pate	Scant signalist consists when substation	Wannistanhia AVXII Danistana		SIGNATURE.
After Way 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  RILE V NAME ADAMS, JOHN BEACH			Agoni signosse requises with rosisiating?	s shirenes hans to before as	aginzuse, typed of prince halfe of regional agent and ere	
NAME ADAMS, JOHN BEACH		•			E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Fil. After M
NAME ADAMS, JOHN BEACH				CTORS	OFFICERS AND DIRE	10.
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092					ADAMS, JOHN BEACH 112 RIVERS EDGE RD. N	NAME STREET ADDRESS
	00	000000182027 01/19/05-80011-017 150.00			ADAMS, NAN SHERRY KESLER 112 RIVERS EDGE RD, N.	NAME Street address
TITLE S NAME ADAMS, JR, JOHN B STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE, FL 32092  DO NOT WRITE		NOT WRITE	DO		ADAMS, JR, JOHN B 112 RIVERS EDGE RD N	NAME STREET ADDRESS
TITLE NAME RODGERS, ANGLEA R STREET ADDRESS CITY-SI-ZIP SAINT AUGUSTINE, FL 32092	•	THIS SPACE	IN 7		RODGERS, ANGLEA R 112 RIVER8 EDGE RD N	NAME STREET ADDRESS
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socian 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Socian 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Socian 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certify that the information supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certification supplied with this filing does not qualify for the exemption stated in Social 119.07(3)(0, Florida Statutos, I further certification supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with this filing does not qualify for the exemption supplied with the filing does not qualify for the exemption supplied with the filing does not qualify for the exem	·	To the late of the	**************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME STREET ADDRESS CITY-ST-ZIP

Indicated on this report or supplier with all other like impowered 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 impowered.

SIGNATURE:

904-744-0688