


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90017 021 \*\*\*150.00

<b>DOCUMENT # J46857</b>					
1. Entity Name ADAMS OFFICE AND BUILDING MAINTENANCE, INC.					
Principal Place of Business 112 RIVERS EDGE RD NORTH ST AUGUSTINE FL 32092 US			Mailing Address P O BOX 54218 JACKSONVILLE FL 32245 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2755318 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOHN B 112 RIVERS EDGE RD NORTH ST AUGUSTINE FL 32092			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	V ADAMS, JOHN BEACH 112 RIVERS EDGE RD. N SAINT AUGUSTINE FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. + Treas Adams John B. 112 Rivers Edge Rd. St. Augustine FL 32092 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, NAN SHERRY KESLER 112 RIVERS EDGE RD. N. SAINT AUGUSTINE FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADAMS, JR, JOHN B 112 RIVERS EDGE RD N SAINT-AUGUSTINE FL 32092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODGERS, ANGLEA R 112 RIVERS EDGE RD N SAINT AUGUSTINE FL 32092 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #