


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90024 021 ***150.00

DOCUMENT # J57080 1. Entity Name ADAMS BROKERAGE, INC.					
Principal Place of Business 3512 CORINTHIAN WAY NAPLES, FL 34105 US			Mailing Address 3512 CORINTHIAN WAY NAPLES, FL 34105 US		
2. Principal Place of Business 8591 IBIS COVE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 8591 IBIS COVE CIRCLE Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-2777789	
Zip 34119-7746		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, SUZANNE M 3512 CORINTHIAN WAY NAPLES, FL 34105-5600			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 8591 IBIS COVE CIRCLE City NAPLES FL Zip Code 34119-7746		
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 SUZANNE M. ADAMS, PRES. <i>Suzanne M. Adams</i> Feb. 19, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			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	P <input type="checkbox"/> Delete ADAMS, SUZANNE M 3512 CORINTHIAN WAY 8591 IBIS COVE CIRCLE NAPLES, FL 34119-7746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SUZANNE M. ADAMS, PRES. <i>Suzanne M. Adams</i> Feb. 19, 2004 (239) 514-0585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					