

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K01186

Entity Name: ADAMS TITLE, INC.

FILED  
Jan 28, 2008  
Secretary of State

## Current Principal Place of Business:

4620 LIPSCOMB ST., NE  
SUITE 3  
PALM BAY, FL 32905 US

## New Principal Place of Business:

## Current Mailing Address:

4620 LIPSCOMB ST., NE  
SUITE 3  
PALM BAY, FL 32905 US

## New Mailing Address:

FEI Number: 80-0003873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRADY, MARK  
4620 LIPSCOMB ST., NE  
SUITE 3  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRADY, MARK  
Address: 4620 LIPSCOMB ST NE., SUITE 3  
City-St-Zip: PALM BAY, FL 32905

Title: S ( ) Delete  
Name: MARY FRANCES, MADARIS  
Address: 4620 LIPSCOMB ST NE., SUITE 3  
City-St-Zip: PALM BAY, FL 32905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK H. BRADY

PRES

01/28/2008

Electronic Signature of Signing Officer or Director

Date