2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2005 08:00 AM Secretary of State DOCUMENT # K20562 1. Entity Name WILBUR ADAMS ENTERPRISES, INC. Principal Place of Business Mailing Address % WILBUR ADAMS % WILBUR ADAMS 7393 SAN RAMON DR. 7393 SAN RAMON DR. MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2886747 Not Applicable Zip Country \$8.75 Additional Zφ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, WILBUR Street Address (P.O. Box Number is Not Acceptable) 7393 SÁN RAMON DR. MILTON FL 32583 Zip Code City 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 DATE (NOTE Registered Agent signature regulated when reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000212958 U00000212958 □ change 02/03/05-80049-022 150.00 Addition | THE ☐ Delete BILE NAME ADAMS, WILBUR NAME STREET ADDRESS 7393 SAN RAMON DR. STREET ADDRESS City-ST-ZIP MILTON FL 32583 CHY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY ST-7IP Addition THEF Change Delete DILLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Change HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete THE hHE NAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CITY - ST - ZIP Addition Change Delete HILL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CULY-ST-ZIP CILY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 air address, with a protection of the corporation of the

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