

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90137 006 \*\*\*\*55.00

**DOCUMENT # L03000055181**

1. Entity Name

**J A ADAMS TRUCKING LLC**



Principal Place of Business

1024 LANDAU ST.  
HOLIDAY FL 34690  
US

Mailing Address

1024 LANDAU ST.  
HOLIDAY FL 34690  
US

2. Principal Place of Business

1024 LANDAU ST

Suite, Apt. #, etc.

HOLIDAY FL.

City & State

3. Mailing Address

1024 LANDAU ST.

Suite, Apt. #, etc.

HOLIDAY FL.

City & State

Zip

34690

Country

PASCO

Zip

34690

Country

PASCO

6. Name and Address of Current Registered Agent

ADAMS, JAMES A  
1024 LANDAU ST.  
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

ADAMS, JAMES A  
Street Address (P.O. Box Number is Not Acceptable)  
1024 LANDAU ST

City

HOLIDAY,

FL

Zip Code

34690

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

*James A. Adams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ADAMS, JAMES A  
1024 LANDAU ST.  
HOLIDAY FL 34690 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*James A. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/05 727-389-1559

Date

Daytime Phone #