

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L57156

1. Entity Name
JIMMY ADAMS CONSTRUCTION, INC.



Principal Place of Business
5565 KODIAC CT
TALLAHASSEE, FL 32311-9333

Mailing Address
5565 KODIAC CT
TALLAHASSEE, FL 32311-9333

FILED

04 JAN -6 AM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1874057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTEEN, J C
2900 E PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, LINDA J
STREET ADDRESS 5565 KODIAC CT
CITY-ST-ZIP TALLAHASSEE, FL 323119333

TITLE V
NAME ADAMS, JIMMY
STREET ADDRESS 5565 KODIAC CT
CITY-ST-ZIP TALLAHASSEE, FL 323119333

TITLE T
NAME SADLER, JOHNNY
STREET ADDRESS 9352 ROSE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE S
NAME EURE, LEE
STREET ADDRESS 9352 ROSE RD.
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500026109755
01/06/04-01016-001 **150.00

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IN THIS SPACE**

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: *Jimmy Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-04
Date

Daytime Phone #