

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN -5 AM 8:31

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

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1874057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

800062744608
01/05/06--01010--013 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

9/5/06