

DOCUMENT # M75211

1. Entity Name

ADAMS PLASTERING, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2887781

☐ Applied For
☐ Not Applied
5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 ADAMS, DENNIS
 475 VANNOTE RD.
 PIERSON FL 32180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE DP ☐ Delete
 NAME ADAMS, DENNIS
 STREET ADDRESS 475 VANNOTE RD.
 CITY ST ZIP PIERSON FL

☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY ST ZIP
 000000609780
 02/01/07-80062-025 150.00

 TITLE DST ☐ Delete
 NAME ADAMS, PAMELA
 STREET ADDRESS 475 VANNOTE RD.
 CITY ST ZIP PIERSON FL

☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY ST ZIP

 TITLE V ☐ Delete
 NAME ADAMS, DANIEL
 STREET ADDRESS BOX 1108 COUNTY RD. 3
 CITY ST ZIP PIERSON FL

☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY ST ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY ST ZIP

 TITLE ☐ Delete
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 CITY ST ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY ST ZIP

☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Pamela Adams* **PAMELA ADAMS** 1-24-07 3867494625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #