

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90300 023 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                                     |                                                                 |                                                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N05000003691</b><br>1. Entity Name<br><b>ADAMO CORRIDOR CIVIC ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                     |                                                                 |                                  |                                                                   |
| Principal Place of Business<br><b>1501 2ND AVE. EAST<br/>TAMPA FL 33605</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                     | Mailing Address<br><b>1501 2ND AVE. EAST<br/>TAMPA FL 33605</b> |                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                       |                                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                     | City & State                                                    |                                                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | Country                                                                             |                                                                 | Zip                                                                                                               |                                                                   |
| 4. FEI Number<br><b>56-2550688</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                     |                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                     |                                                                 | <b>\$8.75</b> Additional Fee Required                                                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CRAMER, HABER &amp; MCDONALD, P.A.<br/>1311 N. CHURCH AVE.<br/>TAMPA FL 33607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                     |                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signatures required when re-appointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                     |                                                                 |                                                                                                                   |                                                                   |
| <b>FILE NOW - FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                 | <b>\$5.00</b> May Be Added to Fees                                                                                |                                                                   |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                     |                                                                 |                                                                                                                   |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>    |                                                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>WILLIAMS, JOSEPH M.<br>1501 2ND AVE. EAST<br>TAMPA FL 33605  | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>WILLIAMS, FRANCIS M.<br>1501 2ND AVE. EAST<br>TAMPA FL 33605 | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>ADRIAN, DOUGLAS<br>1501 2ND AVE. EAST<br>TAMPA FL 33605      | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete                                                     |                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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. |                                                                   |                                                                                     |                                                                 |                                                                                                                   |                                                                   |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                     |                                                                 | Date <b>4/18/06</b><br><small>Daytime Phone #</small>                                                             |                                                                   |