


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N18591 1. Entity Name ADAMS GARDEN OF SON SHINE, INC.	
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Principal Place of Business 1011 ALERTA STREET LONGWOOD, FL 32750	Mailing Address PO BOX 522194 LONGWOOD, FL 32752
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04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2800478	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 ADAMS, EARL R. 1011 ALBERTA STREET LONGWOOD, FL 32750
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**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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000360803 05/05/05-80038-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADAMS, EARL R. ALBERTA 1011 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, FREDERICK 1687 CANOE CREEK RD OVIDO, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ADAMS, GLENDA L. 1011 ALBERTA ST LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(f), 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.

SIGNATURE:  **Earl R. Adams** 4-29-05 407-767-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Phone #