2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18591

1. Entity Name
ADAMS GARDEN OF SON SHINE, INC.

Principal Place of Business	Mailing Address
1011 ALERTA STREET LONGWOOD, FL 32750	PO BOX 522194 LONGWOOD, FL 32752

DO NOT WRITE IN THIS SPACE

02032007 No Chg-NP   CR2E037 (4/06)

4. FEI Number 59-2800478	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$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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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

Filing Fee Is $61.25
Due by May 1, 2007

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS, EARL R.
STREET ADDRESS	ALBERTA 1011
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	RUSSELL, FREDERICK
STREET ADDRESS	1687 CANOE CREEK RD
CITY-ST-ZIP	OVIEDO, FL 32766
TITLE	DTS
NAME	ADAMS, GLENDA L.
STREET ADDRESS	1011 ALBERTA ST
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80030-007 61.25

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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 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_   2-5-07   407 767 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #