


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90026 024 \*\*\*\*61.25

<b>DOCUMENT # N18591</b> 1. Entity Name <b>ADAMS GARDEN OF SON SHINE, INC.</b>					
Principal Place of Business <b>1011 ALBERTA STREET LONGWOOD, FL 32750</b>			Mailing Address <b>PO BOX 522194 LONGWOOD, FL 32752</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2800478</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, EARL R. 1011 ALBERTA STREET LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, EARL R. ALBERTA 1011 LONGWOOD, FL 32750			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, FREDERICK 1687 CANOE CREEK RD OVIEDO, FL 32766			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ADAMS, GLENDA L. 1011 ALBERTA ST LONGWOOD, FL 32750			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____			<input type="checkbox"/> Delete	
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.				_____	
<b>SIGNATURE:</b> <i>Earl R. Adams</i>				Date <b>4-3-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>407-767-0200</b>	