

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18591

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ADAMS GARDEN OF SON SHINE, INC.

**Current Principal Place of Business:**

1011 ALERTA STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 522194  
LONGWOOD, FL 32752

**New Mailing Address:**

**FEI Number:** 59-2800478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADAMS, EARL R  
1011 ALBERTA STREET  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ADAMS, EARL R  
Address: ALBERTA 1011  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: RUSSELL, FREDERICK  
Address: 1687 CANOE CREEK RD  
City-St-Zip: OVIEDO, FL 32766

Title: DTS  
Name: ADAMS, GLENDA L  
Address: 1011 ALBERTA ST  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EARL R. ADAMS

PD

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date