

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90072 029 ***150.00

DOCUMENT # P00000066410

1. Entity Name
JIM ADAMS RESOURCES, INC.



Principal Place of Business
**4136 ESCONDITO CIR.
SARASOTA, FL 34238-4518**

Mailing Address
**4136 ESCONDITO CIR.
SARASOTA, FL 34238-4518**

50021122

2. Principal Place of Business
95062 MAC KINAS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
95062 MAC KINAS CIRCLE
Suite, Apt. #, etc.



02252005 Chg-P CR2E034 (10/03)

City & State
AMELIA ISLAND, FL

City & State
AMELIA ISLAND, FL

4. FEI Number
65-1024204

Applied For
Not Applicable

Zip
32034-5073

Country
USA

Zip
32034-5073

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JIM
3906 SPYGLASS HILL ROAD
SARASOTA, FL 34238**

Name
JIM ADAMS

Street Address (P.O. Box Number is Not Acceptable)

95062 MAC KINAS CIRCLE

City
AMELIA ISLAND

FL

Zip Code
32034-5073

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, JIM
3906 SPYGLASS HILL ROAD
SARASOTA, FL 34238** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, JIM
95062 MAC KINAS CIRCLE
AMELIA ISLAND, FL 32034-5073** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, JEAN
3906 SPYGLASS HILL ROAD
SARASOTA, FL 34238** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, JEAN
95062 MAC KINAS CIRCLE
AMELIA ISLAND, FL 32034-5073** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-05 904 277-3087
Date Daytime Phone #