

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000086983

1. Entity Name  
ADAMS GROUP HOME, INC.



Principal Place of Business  
2400 OLEANDER DRIVE  
MIRAMAR, FL 33023 US

Mailing Address  
2400 OLEANDER DRIVE  
MIRAMAR, FL 33023 US



07172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1038341

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ADAMS, JOYCE Y  
2400 OLEANDER DRIVE  
MIRAMAR, FL 33023

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ADAMS, JOYCE Y
STREET ADDRESS	2400 OLEANDER DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	P
NAME	ADAMS, JOYCE Y
STREET ADDRESS	2400 OLEANDER DRIVE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	P
NAME	ISAACS, CHARLES
STREET ADDRESS	3800 SOUTH OCEAN DR # 906
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000956085  
07/23/08-80001-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Joyce Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #