

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000018889

1. Entity Name
ADDAMA, INC.



Principal Place of Business
10065 EMERALD COAST PRWAY
MIRAMAR BEACH, FL 32550

Mailing Address
10065 EMERALD COAST PRWAY
MIRAMAR BEACH, FL 32550



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWSOME, DUKE A
137 N. MYRTLE DR., #216
SEAGROVE BEACH, FL 32459

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME NEWSOME, DUKE A
STREET ADDRESS 137 N. MYRTLE DR., #216
CITY-ST-ZIP SEAGROVE BEACH, FL 32459

TITLE VS
NAME NEWSOME, ARLENE D
STREET ADDRESS 137 N. MYRTLE DR., #216
CITY-ST-ZIP SEAGROVE BEACH, FL 32459

TITLE T
NAME BURNS, MARLA
STREET ADDRESS 10065 EMERALD COAST PRWAY
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000054535
02/16/04-80175-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Duke Alan Newsome
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 04

850 650 328

Date

Daytime Phone #