2008 FOR PROFIT CORPORATION May 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P01000108150** 1. Entity Name LARRY J. ADKINS ENTERPRISES, INC. Principal Place of Business Mailing Address 3821 REID STREET 3821 REID STREET PALATKA, FL 32177 PALATKA, FL 32177 04022008 No Chg-P 6. N ADKINS, LARRY 3821 REID STRE PALATKA, FL 32

CR2E034 (11/05)

FILED

DO NOT WRITE IN THIS SPACE				4. FEI Numb 59-358	-		Applied For Not Applicable
				<u>' </u>	e of Status Desired		8.75 Additional
6. Name and Address of Current Registered Agent						·	oo xoquiroo
ADKINS, LARRY J 3821 REID STREET PALATKA, FL 32177				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. Lypod or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when revisiting).							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees	U00000941157 - 05/28/08 - 00093 - 025 - 150 - 00		225 452 52
10.	OFFICERS AND DIREC	TORS		•	' U5/2'0/U0-1	30033 -	825 158.88 -
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ADKINS, LARRY J 3821 REID STREET PALATKA, FL 32177						
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12. Thereby c	ertify that the information supplied with this fill	ing does not qualify for the exe	mptions cor	ntained in Chapter 119	9, Florida Statutes. I f	urther certif	y that the information

12. I hereby certify that the information supplied with this filling 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #