

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90039 008 \*\*\*150.00

**DOCUMENT # P02000028313**

1. Entity Name

PACH ADAMS, INC.



Principal Place of Business

5201 S.W. 13TH STREET  
GAINESVILLE FL 32608

Mailing Address

5201 S.W. 13TH STREET  
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

74-3032489

Applied For

Not Applicable

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, ANGEL L  
5201 S.W. 13TH STREET  
GAINESVILLE FL 32608

Name

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

City

**FL**

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete
NAME	ADAMS, ANGEL	
STREET ADDRESS	7018 S.W. 44TH AVE. #A 6019	
CITY- ST- ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PACHKOWSKI, GREGG	
STREET ADDRESS	7018 S.W. 44TH AVE. #A	
CITY- ST- ZIP	GAINESVILLE FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN	
STREET ADDRESS	480 JEANETTE DR.	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	ADAMS, SHIRLEY	
STREET ADDRESS	480 JEANETTE DR.	
CITY- ST- ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pachkowski, Angel	
STREET ADDRESS	6019 SW 46th Ave	
CITY- ST- ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6019 SW 46th Ave	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

*Angel Pachkowski*

7/11/05 3523719735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #