

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P02000048841

1. Entity Name
ADAMS LANDSCAPING AND LAWN SERVICES, INC.



Principal Place of Business
**508 W. 29TH ST.
RIVIERA BCH, FL 33404**

Mailing Address
**508 W. 29TH ST.
RIVIERA BCH, FL 33404**

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0488346

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, ALSTON
508 W. 29TH STREET
WEST PALM BEACH, FL 33404**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ADAMS, ALSTON
508 W. 29TH ST.
RIVIERA BCH, FL 33404**

TITLE
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CITY-ST-ZIP

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U00000670360
03/27/07-80108-024 150.00

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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:

Alston Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 *561-842-7035*

Date

Daytime Phone #