2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059637

1. Entity Name
ADAMSON GROUP, INC.

Principal Place of Business	Mailing Address
151 REGIONS WAY, 4A DESTIN, FL 32541	151 REGIONS WAY, 4A DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

03092004   No Chg-P   CR2E034 (10/03)

4. FEI Number 38-3654432	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MARK A. VIOLETTE, P.A.
1241 AIRPORT ROAD
SUITE D
DESTIN, FL 32541

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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

II00000091120
03/17/04-80047-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMSON, JEFF
STREET ADDRESS	6554 ROBAR TESORA
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	V
NAME	ADAMSON, TAMMY L
STREET ADDRESS	6554 ROBAR TESORA
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Jeffery D. Adamson_ Jeffery D. Adamson   3/12/04   850-654-9979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #