

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 20 PM 12:16

DOCUMENT # P02000059637

1. Entity Name
JEFFERY DEAN ADAMSON, PA



Principal Place of Business

151 REGIONS WAY
SUITE 4A
DESTIN, FL 32541

Mailing Address

151 REGIONS WAY
SUITE 4A
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

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

**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, 2006 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 ADAMSON, JEFFERY D
STREET ADDRESS 155 INDIGO LOOP SOUTH
CITY-ST-ZIP MIRAMAR BEACH, FL 32550

TITLE V
NAME ADAMSON, TAMMY L
STREET ADDRESS 155 INDIGO LOOP SOUTH
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900065082889
02/02/06--01025--023 **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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/06 850-654-9979