

2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

DOCUMENT # P02000106196

1. Entity Name
ADAMS SERVICES OF TALLAHASSEE, INC.



FILED
05 APR 29 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4745-12 JACKSON BLUFF RD.
TALLAHASSEE, FL 32310

Mailing Address
4745-12 JACKSON BLUFF RD.
TALLAHASSEE, FL 32310



04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
6020 WAYNES LANE
Suite, Apt. #, etc.
TALLAHASSEE FLORIDA
City & State

3. Mailing Address
6020 WAYNES LANE
Suite, Apt. #, etc.
TALLAHASSEE FLORIDA
City & State

4. FEI Number
50-0006584
Applied For
Not Applicable

Zip
32310
Country

Zip
32310
Country

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

6. Name and Address of Current Registered Agent

MASTRAPA, MIKE
2750 OLD ST. AUGUSTINE RD., SUITE N-139
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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**

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

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME ADAMS, GERALD T ☐ Delete
STREET ADDRESS 4745-12 JACKSON BLUFF RD.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE D
NAME ADAMS, GERALD T ☐ Delete
STREET ADDRESS 4745-12 JACKSON BLUFF RD.
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900054035079
05/09/05--01008--012 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/03/2005 (650)
Daytime Phone # 339 6974