

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90019 039 ***150.00

DOCUMENT # P03000024908 1. Entity Name D. L. ADAMS, INC.			
Principal Place of Business 8456 EAGLE PERSERVE WAY SARASOTA, FL 34241		Mailing Address 8456 EAGLE PERSERVE WAY SARASOTA, FL 34241	
2. Principal Place of Business - No P.O. Box # 8436 EAGLE PRESERVE WAY Suite, Apt. #, etc.		3. Mailing Address 8436 EAGLE PRESERVE WAY Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34241		Zip 34241	
Country USA		Country USA	
4. FEI Number 05-0557456		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, DREWRY L 8436 EAGLE PERSERVE WAY SARASOTA, FL 34241		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD <input type="checkbox"/> Delete NAME ADAMS, DREWRY L STREET ADDRESS 2307 WELLS AVE CITY-ST-ZIP SARASOTA, FL 34232	TITLE PRESIDENT, PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME ADAMS, DREWRY L. STREET ADDRESS 8436 EAGLE PRESERVE WAY CITY-ST-ZIP SARASOTA, FL 34241	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 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: <u>Drewry L. Adams</u> DREWRY L. ADAMS 4-30-07 (941)302-4949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			