

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 031 ***150.00

DOCUMENT # P03000057871

1. Entity Name
JD ADAMS BUILDING GROUP, INC.



Principal Place of Business
2775 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

Mailing Address
2775 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

50020720



2. Principal Place of Business
1960 Hwy U.S. 1 South

3. Mailing Address
1960 Hwy U.S. 1 South

Suite, Apt. #, etc.
APT. 108

Suite, Apt. #, etc.
APT. 108

01292005 Chg-P CR2E034 (10/03)

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

4. FEI Number
01-0789537

Applied For
Not Applicable

Zip
32086- Country
USA

Zip
32086 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, JERRY C
2825 NORTH OCEANSHORE BOULEVARD
BEVERLY BEACH, FL

Name
Knight, Jerry C.

Street Address (P.O. Box Number is Not Acceptable)

4721 E. Moody Blvd.
Bldg. 5, Suites 505 & 506

City
BUNNELL

FL

Zip Code
32110

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 *Jerry C. Knight* JERRY C. KNIGHT

01-29-05

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ADAMS, JOHN D
925 DELCIE DR.
SAINT AUGUSTINE, FL 32086 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
GUSTAFSON, RAYMOND
125 AVE DE NANCY
MELBOURNE BEACH, FL 32951 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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 *John D. Adams* John D. ADAMS

01-29-05

904 669-2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone