## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105761

**Current Principal Place of Business:** 

Entity Name: ADAMS WATER CONDITIONING OF N. CENTRAL FL., INC.

FILED Apr 27, 2006 Secretary of State

Current Mailing Address:	New Mailing Address:
311 NE 9TH STREET	301 N.W. 27TH AVE
OCALA, FL 34470	OCALA, FL 34475

311 NE 9TH STREET 301 N.W. 27TH AVE OCALA, FL 34470 OCALA, FL 34475

FEI Number: 58-2677691 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, DENZIL G
10280 SW 137 AVE
DUNNELLON, FL 34432 US
ADAMS, DENZIL G
6335 S.E. 8TH LANE
OCALA, FL 34472 US

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.

SIGNATURE: DENZIL G ADAMS 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

2810 SE 7TH AVE APT B

OCALA, FL 34471

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 ADAMS, MARY C
 Name:
 ADAMS, MARY C

 Address:
 10280 SW 137TH AVE
 Address:
 6335 S.E. 8TH LANE

 10280 SW 137TH AVE
 Address:
 6335 S.E. 8TH LANE

 DUNNELLON, FL 34432
 City-St-Zip:
 OCALA, FL 34472

Title: V () Delete Title: V (X) Change () Addition
Name: ADAMS\_DENZIL G Name: ADAMS\_DENZIL G

 Name:
 ADAMS, DENZIL G
 Name:
 ADAMS, DENZIL G

 Address:
 10280 SW 137TH AVE
 Address:
 6335 S.E. 8TH LANE

 City-St-Zip:
 DUNNELLON, FL 34432
 City-St-Zip:
 OCALA, FL 34472

Title: ST () Delete Title: () Change () Addition Name: ADAMS, THYS B Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY C ADAMS P 04/27/2006