2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109127

Entity Name: ADAMS FINANCIAL GROUP INC.

PLANT CITY, FL 33563

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 505 N FRANKLIN ST 1514 S ALEXANDER STREET PLANT CITY, FL 33563 SUITE 105 PLANT CITY, FL 33563 **Current Mailing Address: New Mailing Address:** 1514 S ALEXANDER STREET 505 N FRANKLIN ST PLANT CITY, FL 33563 SUITE 105 PLANT CITY, FL 33563 FEI Number: 83-0372838 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, ROBERT DOUGLAS 505 N FRANKLIN ST PLANT CITY, FL 33563 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ADAMS, ROBERT DOUGLAS Name: Name: 505 N FRANKLIN ST Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ADAMS, NICOLE Name: 505 N FRANKLIN ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ROBERT ADAMS PRES 04/30/2004