



2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 045 ***150.00

DOCUMENT # P03000123145 1. Entity Name JOHN ADAMS CONSTRUCTION COMPANY					
Principal Place of Business 5106 INDIAN BLUFF DR. YOUNGSTOWN, FL 32466			Mailing Address 2335 E. BALDWIN RD. PANAMA CITY, FL 32401-5801		
2. Principal Place of Business Suite, #, etc.:		3. Mailing Address 5106 INDIAN BLUFF DR Suite, Apt. #, etc.:			
City & State Zip Country		City & State YOUNGSTOWN, FL Zip 32466 Country		4. FEI Number 20-0325601	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROBINSON, MICHAEL 2335 E. BALDWIN ROAD PANAMA CITY, FL 32405-5801				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ADAMS, JOHN E 5301 SOULE DRIVE PANAMA CITY, FL 324047236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5106 INDIAN BLUFF DR. YOUNGSTOWN, FL 32466	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, JOHN E 5301 SOULE DRIVE PANAMA CITY, FL 324047236 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5106 INDIAN BLUFF DR. YOUNGSTOWN, FL 32466	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>John E Adams</u>			Date <u>7/16/06</u> Daytime Phone #		

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ATTACHMENT

DOCUMENT # P03000123145					
1. Entity Name JOHN ADAMS CONSTRUCTION COMPANY					
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2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0325601	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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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.					
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TITLE	PV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, JOHN E		NAME		
STREET ADDRESS	5106 INDIAN BLUFF DR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401-5801		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, JOHN E		NAME		
STREET ADDRESS	5106 INDIAN BLUFF DR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401-5801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>John E. Adams</u> PRES.			7/16/06 850 814-2345		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		