

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90002 021 ***150.00

DOCUMENT # P03000123145						Secretary of State	
1. Entity Name JOHN ADAMS CONSTRUCTION COMPANY				06-09-2008 90002 021 ***150.00			
Principal Place of Business 8640 CHARLES JR. RD YOUNGSTOWN, FL 32466				Mailing Address 5106 INDIAN BLUFF DR YOUNGSTOWN, FL 32466			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 485 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				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 is required when reappointing)							
DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
☐ Delete				☐ Change ☐ Addition			
PV ADAMS, JOHN E 5106 INDIAN BLUFF DR YOUNGSTOWN, FL 32466							
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☐ Delete				☐ Change ☐ 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 / Pres.</u> 6/5/08							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							