

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135379

FILED
Apr 03, 2009
Secretary of State

Entity Name: ADAM'S SUPPLY, INC.

Current Principal Place of Business:

813 SLEEPY COURT
CASSELBERRY, FL 32707

New Principal Place of Business:

340 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

Current Mailing Address:

813 SLEEPY COURT
CASSELBERRY, FL 32707

New Mailing Address:

340 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707

FEI Number: 90-0122703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, TERRI
813 SLEEPY COURT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ADAMS, TERRI
340 LAKE KATHRYN CIRCLE
CASSELBERRY, FL 32707 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:

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, TERRI
Address: 813 SLEEPY COURT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, TERRI
Address: 340 LAKE KATHRYN CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify 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: TERRI ADAMS

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date