## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000141445

16 CHERRY COURSE

OCALA, FL 34472 US

Address:

City-St-Zip:

Intity Name: ADAMS ALUMINUM & CONSTRUCTION, INC

FILED Apr 29, 2007 Secretary of State

Entity Nai	me: ADAMS A	ALUMINUM & CONSTRUCTIO	N, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
16 CHERF OCALA, F	RY COURSE L 34472 US	3			
Current Mailing Address:			New Mailing Address:		
16 CHERF OCALA, F	RY COURSE L 34472 US	6			
FEI Number	: 81-0639502	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ODOM, DANNY R 1909 NE 52ND STREET OCALA, FL 34479 US			16 CHERRY COURSE	ADAMS, GLEN A OWNER 16 CHERRY COURSE OCALA, FL 34472 US	
	e named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: GLEN A.	ADAMS		04/29/2007	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) ADAMS, GLEN 16 CHERRY CO OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) ADAMS, GLEN 16 CHERRY CO OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC ( ) ADAMS, GLEN 16 CHERRY CO OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA ( )	Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GLEN A. ADAMS PRES 04/29/2007