


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90021 030 ***150.00

DOCUMENT # P03000145255	
1. Entity Name NEAL C. ADAMS, PA	

Principal Place of Business 401 PETERSON STREET SEBASTAIN, FL 32958 US	Mailing Address 401 PETERSON STREET SEBASTAIN, FL 32958 US
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54061420

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07012004 Chg-P CR2E034 (10/03)

4. FEI Number 45-0529722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, NEAL C 401 PETERSON STREET SEBASTIAN, FL 32958	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, NEAL C 401 PETERSON STREET SEBASTIAN, FL 32958 <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
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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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

07/02/2004 17:47

5614333596

C R COOPER CPA

PAGE 01

Attachment

54061420

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD. STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 1, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 6198
Tallahassee, FL 32314

Taxpayer: NEAL C. ADAMS, INC.
Document # P03000145255
FEIN: 45-0529722
Tax Form: UBR
Tax Period: 2004

To Whom It May Concern:

We have enclosed check # *145* in the amount of \$150.00 for the 2004 Annual Renewal of NEAL C. ADAMS, INC.

Please abate the penalty as this corporation was newly formed and Mr. Adams did not receive the original UBR, and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact us if any further information or explanation is required.

Sincerely,

C.R. Cooper

C. R. Cooper, CPA

cc: *Neal C. Adams*