

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 042 ***150.00

DOCUMENT # P03000153886 1. Entity Name ADAMS AND IRISH, INC.			
Principal Place of Business 18595 EVERGREEN RD FT MYERS, FL 33912		Mailing Address 18595 EVERGREEN RD FT MYERS, FL 33912	
2. Principal Place of Business 4717 Meridian Circle Suite, Apt. #, etc.		3. Mailing Address 4717 Meridian Circle Suite, Apt. #, etc.	
City & State No Ft Myers FL Zip Country 33903-4641		City & State No Ft Myers FL Zip Country 33903-4641	
4. FEI Number 56-2431646		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, GARY 18595 EVERGREEN RD FT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4717 Meridian Circle City No Ft Myers FL Zip Code 33903-4641	
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 <u><i>Gary Adams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-3-06</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ADAMS, GARY 18595 EVERGREEN RD FT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4717 Meridian Circle No Ft Myers FL 33903-4641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CARUTHERS, EDWARD L 18595 EVERGREEN RD FT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete EDMOND, JUNIOR L 18595 EVERGREEN RD FT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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><i>Gary Adams</i></u>		Date <u>1-3-06</u> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			