


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90029 046 \*\*\*150.00

DOCUMENT # P03000153886		
1. Entity Name ADAMS AND IRISH, INC.		

Principal Place of Business 4717 MERIDIAN CIR NORTH FORT MYERS, FL 33903-4641	Mailing Address 4717 MERIDIAN CIR NORTH FORT MYERS, FL 33903-4641
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40012979



02022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent ADAMS, GARY 4717 MERIDIAN CIR CAPE CORAL, FL 33909-4641		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4717 Meridian Cir City North Fort Myers, FL FL Zip Code 33903-4641	
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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: *Gary Adams* DATE: 2-5-07

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, GARY 4717 MERIDIAN CIR CAPE CORAL, FL 339094641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North Fort Myers, FL 33903-4641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARUTHERS, EDWARD L 18595 EVERGREEN RD FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12423 Himalaya Ave Punta Gorda, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMOND, JUNIOR L 18595 EVERGREEN RD FT MYERS, FL 33912 <input checked="" 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
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
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 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: *Gary Adams* DATE: 2-5-07 DAYTIME PHONE: (239) 565-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR