

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000018891**

1. Entity Name  
**ADAMS INSTALLATION, INC.**



Principal Place of Business  
**1300 SHETTER AVE LOT 71  
JACKSONVILLE BCH, FL 32250**

Mailing Address  
**1300 SHETTER AVE LOT 71  
JACKSONVILLE BCH, FL 32250**

**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0675813**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ADAMS, LOYD A  
1300 SHETTER AVE LOT 71  
JACKSONVILLE BCH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	ADAMS, LOYD A
STREET ADDRESS	1300 SHETTER AVE LOT 71
CITY- ST- ZIP	JACKSONVILLE BCH, FL 32250
TITLE	T
NAME	ADAMS, PATRICIA
STREET ADDRESS	1300 SHETTER AVE LOT 71
CITY- ST- ZIP	JACKSONVILLE BCH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/14/06-80005-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Loyd A Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Loyd A. Adams*

Date

*July 13, 2006*

Daytime Phone #

*904-270  
0240*