2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2005-90545-034-$150.00-$150.00

DOCUMENT # P04000025464

1. Entity Name
BRAD ADAMS TRUCKING, INC.

FILED
05 JUN 10 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
31 WEST GARDEN STREET 204 PENSACOLA, FL 32502	31 WEST GARDEN STREET 204 PENSACOLA, FL 32502

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 3 WEST GARDEN St	3. Mailing Address: 3 WEST GARDEN St
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.
City & State: PENSACOLA, 32502	City & State
Zip: FL / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, BRAD
31 WEST GARDEN STREET
204
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3 WEST GARDEN
SUITE 204

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ADAMS, BRAD	
STREET ADDRESS	31 WEST GARDEN STREET, SUITE 204	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Brad Adams 4/25/05 (850) 313-9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #