

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 014 ***150.00

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1. Entity Name

SHANNON P ADAMS CORP



Principal Place of Business

251 MAITLAND AVENUE
SUITE 113
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

251 MAITLAND AVENUE
SUITE 113
ALTAMONTE SPRINGS FL 32701
US



2. Principal Place of Business

251 Maitland Ave
Suite, Apt. #, etc.
Suite 307 B

3. Mailing Address

251 Maitland Ave
Suite, Apt. #, etc.
Suite 307 B

1st MOORE

CR2E034 (10/05)

City & State

Altamonte Springs, FL
Zip 32701 Country Seminole

City & State

Altamonte Springs, FL
Zip 32701 Country Seminole

4. FEI Number

20-0698836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINBERGER, LARA J
8101 VIA BONITA STREET
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name Scott R. Ponder
Street Address (P.O. Box Number is Not Acceptable)
101 N. Eola Drive
#3
City Orlando FL Zip Code 32801

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

Scott R. Ponder

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Jan. 26, 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SHANNON P ADAMS
STREET ADDRESS 251 MAITLAND AVENUE SUITE 113
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition
NAME Shannon P. Adams
STREET ADDRESS 251 Maitland Avenue Suite 307B
CITY-ST-ZIP Altamonte Springs, FL 32701

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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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 exemptions contained in Section 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:

Shannon P. Adams Shannon P. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

407-973-7098

Daytime Phone #