FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-04-2005 90043 039 ***150.00

DOCUMENT # P04000082314

1. Entity Name

PETER E. ADAMO, INC.

66006969

1st MOORE   CR2E034 (10/04)

Principal Place of Business	Mailing Address
1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE FL 32207	1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE FL 32207

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number ~~09~~ - *0185913*   Applied For ☐   Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROCK, FREDERICK R ~~1660 PRUDENTIAL DRIVE~~ ~~SUITE 203~~ ~~JACKSONVILLE FL 32207~~	**Name** *Peter E. Adamo* *405 Flagler Blvd* *Apt - 2 A* *St. Augustine, Fl 32080*
handwritten	**Street Address (P.O. Box Number is Not Acceptable)**
	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 _____

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
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME ADAMO, PETER E	*CHANGE TO*	**NAME**	
STREET ADDRESS ~~400 STEVENS STREET NW~~		**STREET ADDRESS**	
CITY-ST-ZIP ~~STEINHATCHEE FL 32359~~		**CITY-ST-ZIP**	
TITLE D	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME *Adamo, Peter E*		**NAME**	
STREET ADDRESS *405 Flagler Blvd Apt 2-A*		**STREET ADDRESS**	
CITY-ST-ZIP *St. Augustine, Fl. 32080*		**CITY-ST-ZIP**	
TITLE	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME		**NAME**	
STREET ADDRESS		**STREET ADDRESS**	
CITY-ST-ZIP		**CITY-ST-ZIP**	
TITLE	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME		**NAME**	
STREET ADDRESS		**STREET ADDRESS**	
CITY-ST-ZIP		**CITY-ST-ZIP**	
TITLE	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME		**NAME**	
STREET ADDRESS		**STREET ADDRESS**	
CITY-ST-ZIP		**CITY-ST-ZIP**	
TITLE	☐ Delete	**TITLE**	☐ Change ☐ Addition
NAME		**NAME**	
STREET ADDRESS		**STREET ADDRESS**	
CITY-ST-ZIP		**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.   Date   Daytime Phone #