

2008

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108255

1. Entity Name
ADAMSCIENCE, INC.



Principal Place of Business
2425 WILLIAM BARTRAM SCENIC HIGHWAY SOUTH
ELKTON, FL 32033

Mailing Address
2425 WILLIAM BARTRAM SCENIC HIGHWAY SOUTH
ELKTON, FL 32033

FILED

08 JUL -7 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1394189	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MICHAEL D
2425 WILLIAM BARTRAM SCENIC HIGHWAY SOUTH
ELKTON, FL 32033

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 Michael D. Adams

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

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

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

DC 7-14-08

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, MICHAEL D 2425 WILLIAM BARTRAM SCENIC HIGHWAY SOUTH ELKTON, FL 32033
--	--

700132330477
07/07/08--01021--003 **185.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Michael D. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-08

Date

(904) 504-0779

Daytime Phone #