## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000146789** 1. Entity Name 04-28-2005 90179 021 \*\*\*150.00 RUSSELL ADAMS CONSTRUCTION, INC. Principal Place of Business Mailing Address 5342 GAYMAR DR. 5342 GAYMAR DR. ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Numbe 55-0885831 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDWARDS, JERRY Street Address (P.O. Box Number is Not Acceptable) 425 WHITTIER AVE. OCOEE, FL 34761 City 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 agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete MLE TITLE ☐ Change ☐ Addition ADAMS, RUSSELL NAME NAME STREET ADDRESS 5342 GAYMAR DR. STREET ADDRESS ORLANDO, FL 32818 CITY-ST-70P CITY-ST-7P IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII E ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HILE ☐ Detere TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-JIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P 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). Rorida 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.

**FILED** 

407-298-0025