

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000173005**

1. Entry Name  
**DANIEL W. ADAMS, INC.**



Principal Place of Business  
**29 SE 24TH AVENUE  
CAPE CORAL, FL 33990**

Mailing Address  
**29 SE 24TH AVENUE  
CAPE CORAL, FL 33990**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2095487**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ADAMS, DANIEL W  
29 SE 24TH AVENUE  
CAPE CORAL, FL 33990**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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/D  
NAME **ADAMS, DANIEL W**  
STREET ADDRESS **29 SE 24TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE VP/D  
NAME **PERRY, TERRY**  
STREET ADDRESS **29 SE 24TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE S/D  
NAME **PERRY, TERRY**  
STREET ADDRESS **29 SE 24TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE T/D  
NAME **ADAMS, DANIEL W**  
STREET ADDRESS **29 SE 24TH AVENUE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000940955  
05/28/08-80087-013 150.00

**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: **DANIEL W. ADAMS** *Daniel W. Adams* **April 28-08** **239-574-1259**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #