


FILED
Feb 23, 2006 8:00 am
Secretary of State

01-26-2006 90045 018 ***150.00

02-23-2006 90019 039 *****8.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000022453			
1. Entity Name ADA FAM TRUCKING INC.			
Principal Place of Business 6120 E. FENCE RD. PENSACOLA, FL 32526		Mailing Address 6120 E. FENCE RD. PENSACOLA, FL 32526	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-2455001	
Applied For		Not Applicable	
6. Name and Address of Current Registered Agent HOUSER, LISA A 4301 BELLA LANE PENSACOLA, FL 32526			
7. Name and Address of New Registered Agent Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, WILLIARD J	NAME	
STREET ADDRESS	6120 E. FENCE RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, HILDA F	NAME	
STREET ADDRESS	6120 E. FENCE RD.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 807, 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: <u>Hilda Faye Adams - Hilda Faye Adams</u>		Date: <u>2-19-06</u> 850-458-1209 Home 850-712-1024 Cell	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT
ATTACHMENT

40017186



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2006

ADA FAM TRUCKING INC.
6120 E. FENCE RD.
PENSACOLA, FL 32526

SUBJECT: ADA FAM TRUCKING INC.
Ref. Number: P05000022453

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 706A00000117