2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075011

City-St-Zip:

Entity Name: THE ASHLEY ADAMS CO., INC.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 952 T.R. MILLER RD 952 T.R. MILLER RD DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433 US **Current Mailing Address: New Mailing Address:** 952 T.R. MILLER RD 952 T.R. MILLER RD DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 32433 US FEI Number: 20-2914765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, ASHLEY R. 952 TR MILLER RD DEFUNIAK SPRINGS, FL 32433 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ADAMS, ASHLEY R Name: Name: 952 T.R. MIILER RD Address: Address: City-St-Zip: DEFUNIAK SPRINGS, FL 32433 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: ADAMS, SHERRY L Address: Address: 952 T.R. MILLER RD

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHLEY R. ADAMS P 01/15/2007

DEFUNIAK SPRINGS, FL 32433 US