
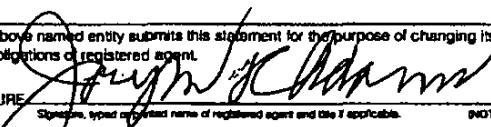
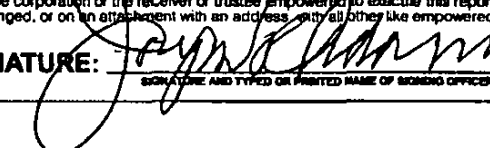


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-02-2006 90045 041 ***150.00

DOCUMENT # P05000093309					
1. Entity Name ADAMS SUPERINTENDENTS, INC.					
Principal Place of Business 125 WODEN WAY WINTER HAVEN, FL 33884			Mailing Address 125 WODEN WAY WINTER HAVEN, FL 33884		
2. Principal Place of Business 1126 Bridge House Rd			3. Mailing Address 1126 Bridge House Rd		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Windermere FL		City & State Windermere, FL		4. FEI Number 20-306933	
Zip 32786		County USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32786		County USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH R 125 WODEN WAY WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Joseph R Adams Street Address (P.O. Box Number is Not Acceptable) 1126 Bridge House Rd City Windermere FL Zip Code 32786	
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 1/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEB 15 \$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, GREGORY J		NAME		
STREET ADDRESS	2970 PLANTATION RD		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, JOSEPH R		NAME	Adams Joseph R	
STREET ADDRESS	125 WODEN WAY		STREET ADDRESS	1126 Bridge House Road	
CITY - ST - ZIP	WINTER HAVEN, FL 33884		CITY - ST - ZIP	Windermere, FL 32786	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, DIANE		NAME		
STREET ADDRESS	PO BOX 9513		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 338839513		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 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: 				1/30/06 407-876-4933 <small>Signature and typed or printed name of signing officer or director</small> <small>Date</small> <small>Daytime Phone #</small>	



ATTACHMENT

#66004519

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

ADAMS SUPERINTENDENTS, INC.
11126 BRIDGE HOUSE RD
WINDERMERE, FL 34786

*correction attached
sorry for the
inconvenience*

Subject: ADAMS SUPERINTENDENTS, INC.

Reference Number: **P05000093309**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION