

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161654

FILED
May 08, 2008
Secretary of State

Entity Name: ADAMS A PLUS PLANTS, INC.

Current Principal Place of Business:

284 MARGINAL ROAD
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

284 MARGINAL ROAD
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-4293665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOELLEN, ADAMS
284 MARGINAL ROAD
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ADAMS, JOELLEN
Address: 284 MARGINAL ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DVS () Delete
Name: ADAMS, JOHN A
Address: 284 MARGINAL ROAD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOELLEN ADAMS

DPT

05/08/2008

Electronic Signature of Signing Officer or Director

Date