

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061311

FILED
Apr 02, 2009
Secretary of State

Entity Name: B J ADAMS & ASSOCIATES, INC.

Current Principal Place of Business:

805 KIRKMAN RD., STE. 203
ORLANDO, FL 32811

New Principal Place of Business:

805 KIRKMAN RD., STE. 203
SUITE 203
ORLANDO, FL 32811

Current Mailing Address:

805 KIRKMAN RD., STE. 203
ORLANDO, FL 32811

New Mailing Address:

805 KIRKMAN RD., STE. 203
SUITE 203
ORLANDO, FL 32811

FEI Number: 51-0575717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, BARBARA J
805 KIRKMAN RD., STE. 203
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

ADAMS, BARBARA J
805 KIRKMAN RD., STE. 203
SUITE 203
ORLANDO, FL 32811 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: BARBARA J. ADAMS

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ADAMS, BARBARA J
Address: 805 KIRKMAN RD., STE. 203
City-St-Zip: ORLANDO, FL 32811

Title: DP () Delete
Name: ADAMS, RUTHA M DVP
Address: 805 S. KIRKMAN SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: ADAMS, RUTHA M
Address: 805 S. KIRKMAN SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: SEC () Change (X) Addition
Name: KING, NYCOLE L
Address: 805 S. KIRKMAN RD SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: TREA () Change (X) Addition
Name: KING, MICAH A
Address: 805 S KIRKMAN RD SUITE 203
City-St-Zip: ORLANDO, FL 32811

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: BARBARA J ADAMS

VP

04/02/2009

Electronic Signature of Signing Officer or Director

Date