


Certified Mail # 7006 0100 0005 7417 4840

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000136003	
1. Entity Name ADAMS A+ APPRAISALS, INC.	
	
Principal Place of Business 80 MOHICAN WAY MELBOURNE BEACH, FL 32951 US	Mailing Address 69 MOHICAN WAY MELBOURNE BEACH, FL 32951 US

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5783289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, SUSAN
69 MOHICAN WAY
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ADAMS, BETH 80 MOHICAN WAY MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D HOWARD, SUSAN 69 MOHICAN WAY MELBOURNE BEACH, FL 32951
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08/27/08-80003-025 550.00

**DO NOT WRITE
IN THIS SPACE**

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:

Susan Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN HOWARD

8-19-2008

321 717-7923

Date

Daytime Phone #