FILED
Apr 04, 2007 8:00 am
Secretary of State
03-27-2007 90018 041 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000142772

1. Entity Name
ADAMS LANDSCAPING & MAINTENANCE INC.

Principal Place of Business	Mailing Address
137 WEST MARION AVENUE EDGEWATER FL 32132	137 WEST MARION AVENUE EDGEWATER FL 32132

F.E.I. #22-3946362

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number	
137 W. Marion Ave		137 W. Marion Ave		22-3946362	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: Suite C6		Suite, Apt. #, etc.: Suite C-6		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: Edgewater, FL		City & State: Edgewater, FL			
Zip: 32132	Country: Volusia	Zip: 32132	Country: Volusia		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, JONATHAN A 137 WEST MARION AVENUE EDGEWATER FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ADAMS, JONATHAN 137 WEST MARION AVENUE EDGEWATER FL 32132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #