

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000041361

**FILED**  
**Mar 06, 2010**  
**Secretary of State**

**Entity Name:** ADKINS ENTERPRISES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

846 SUMMERFIELD DRIVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

1470 TOWN CENTER DRIVE  
LAKELAND, FL 33803

**Current Mailing Address:**

846 SUMMERFIELD DRIVE  
LAKELAND, FL 33803

**New Mailing Address:**

1470 TOWN CENTER DRIVE  
LAKELAND, FL 33803

**FEI Number:** 27-0165347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADKINS, WILLIAM M JR.  
846 SUMMERFIELD DRIVE  
LAKELAND, FL 33803 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ADKINS, WILLIAM M JR.  
**Address:** 846 SUMMERFIELD DRIVE  
**City-St-Zip:** LAKELAND, FL 33803

**Title:** D  
**Name:** ADKINS, KEVIN M  
**Address:** 6930 SHIMMERING DR  
**City-St-Zip:** LAKELAND, FL 33804

**Title:** D  
**Name:** ADKINS, WILLIAM K  
**Address:** 4404 HOLLOWAY MEADOW LN  
**City-St-Zip:** PLANT CITY, FL 33567

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM M. ADKINS, JR.

PRES

03/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date