

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063494

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** ADAMS FAMILY INSURANCE INC

**Current Principal Place of Business:**

409 NE 36TH AVE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

409 NE 36TH AVE  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 27-0640817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, JOEY C  
5631 NE 31ST TERR  
OCALA, FL 34479 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: P  
Name: ADAMS, JOEY C  
Address: 5631 NE 31ST TERR  
City-St-Zip: OCALA, FL 34479

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:** JOEY C ADAMS

OWNE

01/11/2010

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

\_\_\_\_\_  
Date