

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P30887 1. Entity Name ADCO COMPANIES, INC.	
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Principal Place of Business 3657 PINE LANE BESSEMER, AL 35022	Mailing Address 3657 PINE LANE BESSEMER, AL 35022
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DO NOT WRITE IN THIS SPACE



05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0476191	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**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 (if applicable) (NOTC) Registered Agent signature required when (if applicable)	DATE _____
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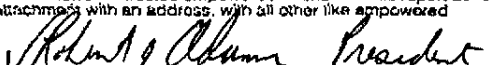
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C ADAMS, ROBERT B. 3956 NATCHEZ DR. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ADAMS, ROBERT J 5218 OVERLAND TRACE BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ADAMS, COLLEEN P. 3956 NATCHEZ DR. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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05/09/05-80014-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 5/6/05 Signature Number: 2054282326
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