


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000027035

1. Entity Name
AADKINS, INC.



Principal Place of Business Mailing Address

4806 SAN JUAN AVE **4806 SAN JUAN AVENUE**
JACKSONVILLE, FL 32210 US **JACKSONVILLE, FL 32210 US**

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3218535 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLARK, BETTY R
1236 PEABODY DR. EAST
JACKSONVILLE, FL 32211

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

04/15/08-80002-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CLARK, BETTY R
STREET ADDRESS	1236 PEABODY DR E
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	PTD
NAME	CLARK, ROBERT E
STREET ADDRESS	870 CRESSWELL LANE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	VPD
NAME	CLARK, EDDIE E
STREET ADDRESS	1236 PEABODY DR E
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 *904-281-6900*
Date Daytime Phone #