


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000027090**  
1. Entity Name  
**ADKINS PROFESSIONAL SERVICES, INC.**



Principal Place of Business      Mailing Address  
**722 S GROVE ST.  
STE 3  
EUSTIS, FL 32726 US**      **3100 NORTHWIND DR  
EUSTIS, FL 32726 US**

**DO NOT WRITE IN THIS SPACE**



09062005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3172978**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADKINS-MADDY, MICHELLE L  
3100 NORTHWIND DR.  
EUSTIS, FL 32778**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ADKINS-MADDY, MICHELLE L 3100 NORTHWIND DR EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADDY, EDWARD E 3100 NORTHWIND DR EUSTIS, FL 32726
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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:** *Michelle L Adkins-Maddy*      9/7/05      352-267-7758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #