

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000053935

1. Entity Name

ADAMS HOMES REALTY, INC.



Principal Place of Business

5508 N W ST
#B
PENSACOLA FL 32505
US

Mailing Address

1101 GULF BREEZE PKWY
SUITE 229
GULF BREEZE FL 32561
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3206126

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDNALL, N. DUNCAN
5508-B N W STREET
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPST ☐ Delete
NAME HUDNALL, N. DUNCAN
STREET ADDRESS 19610 HUGHEN ST
CITY-ST-ZIP ROBERTSDALE AL

TITLE ☐ Change ☐ Addition
NAME **U00000533292**
STREET ADDRESS **05/06/06-80117-024 150.00**
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ADAMS, WAYNE L
STREET ADDRESS 1101 GULF BREEZE PKWY., SUITE 229
CITY-ST-ZIP GULF BREEZE FL 32521

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

4/21/06