

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000457

Entity Name: R. CRAIG ADAMS, P.A.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

2000 WEBBER STREET  
SARASOTA, FL 34239 US

## New Principal Place of Business:

1517 STATE STREET  
203  
SARASOTA, FL 34236 US

## Current Mailing Address:

2000 WEBBER STREET  
SARASOTA, FL 34239 US

## New Mailing Address:

1517 STATE STREET  
203  
SARASOTA, FL 34236 US

FEI Number: 65-0463347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, R C  
2000 WEBBER ST  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

ADAMS, R C  
1517 STATE STREET  
203  
SARASOTA, FL 34236 US

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: R CRAIG ADAMS

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, R C  
Address: 2000 WEBBER ST  
City-St-Zip: SARASOTA, FL

Title: D ( ) Delete  
Name: ADAMS, JOCELYN S  
Address: 2000 WEBBER ST  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADAMS, R C  
Address: 1517 STATE STREET #203  
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change ( ) Addition  
Name: ADAMS, JOCELYN S  
Address: 1517 STATE STREET #203  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: R CRAIG ADAMS

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date