

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-19-2006 90082 033 ***150.00

DOCUMENT # P95000006309

1. Entity Name
ADAMS & ADAMS, P.A.



Principal Place of Business
**540 BILTMORE WAY
CORAL GABLES, FL 33134**

Mailing Address
**540 BILTMORE WAY
CORAL GABLES, FL 33134**

66001880



DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0553328

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHN C ADAMS, ESQ.
540 BILTMORE WAY
CORAL GABLES, FL 33134**

**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)

DATE

2/14/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ADAMS, JOHN C.
STREET ADDRESS	540 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	ST
NAME	ADAMS, SUSAN S
STREET ADDRESS	540 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

President

2/14/06 (305) 448-9022

Date

Daytime Phone #

ATTACHMENT



66001880

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

ADAMS & ADAMS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134

Subject: ADAMS & ADAMS, P.A.

Reference Number: P95000006309

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AL
ANNUAL REPORTS SECTION

ATTACHMENT 66001880
ADAMS & ADAMS, P.A.
540 Billmore Way
Coral Gables, FL 33134

JOHN C. ADAMS
LL.M. IN TAXATION

SUSAN STRICKROOT ADAMS
LL.M. IN TAXATION

TELEPHONE: (305) 448-9022
FAX: (305) 448-8712

February 13, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Adams & Adams, P.A.

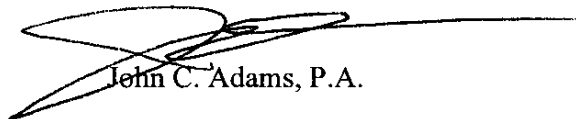
P95000006309

Dear Sir/Madam:

Enclosed you will find signed annual report with reference to the above matter.

Thank you.

Yours very truly,



John C. Adams, P.A.

JCA/mg
Enclosures