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.

66001880

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

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ 2/14/06
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

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ President 2/14/06 (305)448-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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 Biltmore 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