## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000006309 1. Entity Name ADAMS & ADAMS, P.A.

**FILED** Jan 25, 2008 08:00 Al Secretary of State

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

540 BILTMORE WAY CORAL GABLES, FL 33134



## DO NOT WRITE IN THIS SPACE

01042008 No Chq-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0553328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

## 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)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			sing \$5.00 May B Added to Fees	е
10.	OFFICERS AND DIRECTORS		<b>)</b> t	
TITLE NAME STREET ADDRESS CITY-SF-ZIP	PSTD ADAMS, JOHN C. 540 BILTMORE WAY CORAL GABLES, FL 33134			U00000797151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, SUSAN S 540 BILTMORE WAY CORAL GABLES, FL 33134			01/29/08-80059-024:150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D(	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	I THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE 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 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.				

JOHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR