

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-11-2005 90029 033 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P95000063125 1. Entity Name G ADAMS, INC.			
Principal Place of Business 1809 SUNSET POINT ROAD CLEARWATER FL 34625		Mailing Address PO BOX 1209 TARPON SPRINGS FL 34688-1209	
2. Principal Place of Business PO Box 1209		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tarpon Spring FL 34688		City & State	
4. FEI Number 59-3346057		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADAMOPOULOS, GEORGE 4025 SUNSET POINT ROAD CLEARWATER FL 33785		7. Name and Address of New Registered Agent GEORGALAKI, EVANGELIA Street Address (P.O. Box Number is Not Acceptable) PO Box 1209 1809 Woodland Blvd Tarpon Springs Oldsmar FL 33765	
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		DATE Feb-3-05 <i>Corrections made on 02-7-05</i>	
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMOPOULOS, GEORGE PO BOX 1209 TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGALAKI, EVANGELIA PO BOX 1209 TARPON SPRINGS FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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		Director G. ADAMS INC 727-688-6050 Date Feb-3-05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			