

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90056 012 ***150.00

DOCUMENT # P95000063125

1. Entity Name
 G ADAMS, INC.



Principal Place of Business: PO BOX 1209, TARPON SPRINGS FL 34688
 Mailing Address: PO BOX 1209, TARPON SPRINGS FL 34688-1209



Please mail the report for the 2008 to the address below

2. Principal Place of Business: 1325 Snell Isle Blvd, Suite 205 C, St. Petersburg FL
 3. Mailing Address: 1325 Snell Isle Blvd, Suite 205 C, St. Petersburg FL

1st MOORE CR2E034 (10/06)

City & State: St. Petersburg FL
 Zip: 33704
 Country: Pinellas

4. FEI Number: 59-3346057
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 ADAMOPOULOS, GEORGE
 1809 WOODLAND BLVD
 OVIEDO FL 32765

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code:

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 obligation of, the registered agent.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: ADAMOPOULOS, GEORGE STREET ADDRESS: PO BOX 1209 CITY- ST- ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete
TITLE: D NAME: GEORGALAKI, EVANGELIA STREET ADDRESS: PO BOX 1209 CITY- ST- ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE: _____ NAME: _____ STREET ADDRESS: 1325 Snell Isle Blvd, Suite 205 C, St. Petersburg FL 33704 CITY- ST- ZIP: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: 1325 Snell Isle Blvd, Suite 205 C, St. Petersburg FL 33704 CITY- ST- ZIP: _____	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the 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 lives empowered.

SIGNATURE: *George Adams* Director, G Adams Inc, 727-894-3609
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: Feb 19 2007
 Signature Phone #