

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 Mailing Address
~~PO BOX 1209~~ ~~PO BOX 1209~~
~~TARPON SPRINGS FL 34688~~ ~~TARPON SPRINGS FL 34688 1209~~

Please mail the report for the 2008 to the address below



2. Principal Place of Business (No P.O. Box) 3. Mailing Address
1325 Snell Isle Blvd **1325 Snell Isle Blvd**
 Suite 205 C Suite 205 C

City & State City & State
St. Petersburg FL **St. Petersburg FL 33704**

Zip Country Zip Country
33704 Pinellas **33704 Pinellas**

1st MOORE CR2E034 (10/06)

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

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 **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ADAMOPOULOS, GEORGE <input type="checkbox"/> Delete PO BOX 1209 TARPON SPRINGS FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGALAKI, EVANGELIA <input type="checkbox"/> Delete PO BOX 1209 TARPON SPRINGS FL 34688
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 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1325 Snell Isle Blvd Suite 205 C St. Petersburg FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1325 Snell Isle Blvd Suite 205 C St. Petersburg FL 33704
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
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** Telephone # _____