

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000063125

Entity Name: G ADAMS, INC.

FILED
Mar 03, 2008
Secretary of State

Current Principal Place of Business:

1325 SHELL ISLE BLVD
SUITE 205C
SAINT PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

1325 SHELL ISLE BLVD
SUITE 205C
SAINT PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 59-3346057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMOPOULOS, GEORGE
1809 WOODLAND BLVD
OVIDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADAMOPOULOS, GEORGE
Address: 1325 SHELL ISLE BLVD SUITE 205C
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: GEORGALAKI, EVANGELIA
Address: 1325 SHELL ISLE BLVD SUITE 205C
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE ADAMOPOULOS

PD

03/03/2008

Electronic Signature of Signing Officer or Director

_____ Date