

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000042096

1. Entity Name
ADAMS & ASSOCIATES DEVELOPERS INC.



Principal Place of Business
**1732 INDIAN RIV. DR.
SEBASTIAN, FL 32958 US**

Mailing Address
**P.O. BOX 781047
SEBASTIAN, FL 32978**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3383825 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ADAMS, HAROLD D
1732 INDIAN RIVER DRIVE
SEBASTIAN, FL 32958**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**U000000543913
05/13/06-80039-017 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | ADAMS, HAROLD |
| STREET ADDRESS | 1732 INDIAN RIVER DRIVE |
| CITY-ST-ZIP | SEBASTIAN, FL 32958 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | KAFFERLIN, MICHAEL D |
| STREET ADDRESS | 7967 ROUTE 97 |
| CITY-ST-ZIP | UNION CITY, PA 16438 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | KAFFERLIN, MARK A |
| STREET ADDRESS | 7979 ROUTE 97 |
| CITY-ST-ZIP | UNION CITY, PA 16438 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | KAFFERLIN, GREGORY J |
| STREET ADDRESS | 9603 ROUTE 6 |
| CITY-ST-ZIP | UNION CITY, PA 16438 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 507, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 (778)589-0790
Date Daytime Phone #