


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90298 016 ***150.00

DOCUMENT # P97000001484

1. Entity Name
ADAMS ARC, INC.



Principal Place of Business Mailing Address

~~15105 ROBERTS WAY~~ ~~15105 ROBERTS WAY~~
~~LOXAHATCHEE, FL 33470~~ ~~LOXAHATCHEE, FL 33470~~ US US

2. Principal Place of Business 3. Mailing Address

40 Meadowlark Trail *40 Meadowlark Trail*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04222005 Chg-P CR2E034 (10/03)

City & State City & State

Frostproof FL *Frostproof FL*

4. FEI Number Applied For

65-0722267 Not Applicable

Zip Country Zip Country

33843 *USA* *33843* *USA*

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|--|
| ADAMS, ANNA M 15105 ROBERTS WAY LOXAHATCHEE, FL 33470 | Name <i>ANNA M. ADAMS</i> |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | <i>40 MEADOWLARK TRAIL</i> |
| | City <i>FROSTPROOF</i> <i>FL</i> Zip Code <i>33843</i> |

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: *Anna M. Adams* *Anna M. Adams, President* *4-25-05*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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 ADAMS, ANNA M 15105 ROBERTS WAY LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>40 MEADOWLARK TRAIL</i> <i>FROSTPROOF FL 33843</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 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: *Anna M. Adams* *ANNA M. ADAMS* *President* *4-25-05* *(561) 252-7988*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #