

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90001 027 ***150.00

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1. Entity Name

ADAMS STREET ARTISTS, INC.



Principal Place of Business

112 S PALAFOX ST
PENSACOLA, FL

Mailing Address

112 S PALAFOX ST
PENSACOLA, FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3442184

Applied For

Not Applicable

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

LEONARD, DAVID
112 S PALAFOX ST
PENSACOLA, FL 32501

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 obligations of registered agent.

SIGNATURE

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VP
NAME ROSELLI, RICHARD ☒ Delete
STREET ADDRESS 3580 MARJEAN DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE T
NAME LEONARD, DAVID ☐ Delete
STREET ADDRESS 3730 BENGAL RD
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE S
NAME GODWIN, ANGIE ☒ Delete
STREET ADDRESS PO BOX 9661
CITY-ST-ZIP PENSACOLA, FL 32513

TITLE P
NAME FRECKMAN, DONNA ☒ Delete
STREET ADDRESS 2810 SANDY RIDGE RD.
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE YP ☐ Change ☒ Addition
NAME MARY ANN ENGLEHART
STREET ADDRESS 833 BAYSHORE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME BOB GRAY
STREET ADDRESS 4010 BAYSHORE DRIVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE P ☐ Change ☒ Addition
NAME DIANE RENNIE
STREET ADDRESS 2398 RESERVATION ROAD
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 22, 2004

Date

850 429 9100

Daytime Phone #