

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90009 003 ***150.00

DOCUMENT # P97000039218

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-
32502**

50062498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3442184

Applied For
Not Applicable

Zip
32502

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**LEONARD, DAVID
112 S PALAFOX ST
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name **DIANE RENNIE**

Street Address (P.O. Box Number is Not Acceptable)
112 S. PALAFOX ST

City **PENSACOLA**

FL

Zip Code
32502

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 *Diane Rennie*
Signature, typed or printed name of registered agent and title if applicable.

DIANE RENNIE

7/1/2005

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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** ☐ Delete
NAME **ANN ENGLEHART, MARY**
STREET ADDRESS **833 BAYSHORE DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE **S** ☐ Delete
NAME **GRAY, BOB**
STREET ADDRESS **401 D BAYSHORE DRIVE**
CITY-ST-ZIP **PENSACOLA, FL 32507**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☐ Addition
NAME **MARGRET HILDRETH**
STREET ADDRESS **112 S PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **P** ☐ Change ☐ Addition
NAME **DAVID LEONARD**
STREET ADDRESS **112 S PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **S** ☐ Change ☐ Addition
NAME **PAUL CUMMINGS**
STREET ADDRESS **112 S PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA, FL 32502**

TITLE **T** ☐ Change ☐ Addition
NAME **DIANE RENNIE**
STREET ADDRESS **112 S PALAFOX ST**
CITY-ST-ZIP **PENSACOLA, FL 32502**

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

TITLE ☐ Change ☐ Addition
NAME
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: *Diane Rennie* **DIANE RENNIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #