

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90139 016 ***150.00

DOCUMENT # P97000039218

1. Entity Name
ADAMS STREET ARTISTS, INC.



Principal Place of Business
**112 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 US**

Mailing Address
**112 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

MAKLA, BECKY & TRES. DAVID LEONARD
**112 SOUTH PALAFOX STREET
PENSACOLA, FL 32502**

**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 David A. Leonard

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

(NOTE: Registered Agent signature required when reinstating)

4/12/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RENNE-DIANE RICHARD McNEILL
STREET ADDRESS	112 SOUTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	VP
NAME	WILDRETH MARGRET-VP BECKY MAKLA
STREET ADDRESS	112 SOUTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	S
NAME	HAWTHORNE, LINDA
STREET ADDRESS	112 SOUTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	T
NAME	MAKLA, BECKY-S DAVID LEONARD
STREET ADDRESS	112 SOUTH PALAFOX STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: David A. Leonard **DAVID A. LEONARD** 4/12/08 8504299100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #