


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90032 018 ***150.00

DOCUMENT # P97000056522			
1. Entity Name MARK D. ADAMS AUTOMOTIVE, INC.			
Principal Place of Business 420 ROBERTSON LANE DEBARY FL 32713		Mailing Address 41 VOLUSIA DRIVE DEBARY FL 32713	
2. Principal Place of Business		3. Mailing Address 420 Robertson Ln.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DeBary FL	
Zip	Country	Zip	Country
32713	USA	32713	USA
6. Name and Address of Current Registered Agent ADAMS, MARK D 41 VOLUSIA DRIVE DEBARY FL 32713		7. Name and Address of New Registered Agent Name ADAMS, MARK D. Street Address (P.O. Box Number is Not Acceptable) 958 N. Union Cir. City DeBary FL Zip Code 32725	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS ADAMS, SHARON 41 VOLUSIA DR. DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADAMS, SHARON 958 N. Union Cir. DeBary, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ADAMS, MARK D 41 VOLUSIA DR. DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ADAMS, MARK D. 958 N. Union Cir. DeBary, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New ADDRESS
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
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

SIGNATURE:

Mark D. Adams Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

386-668-9400

Date

Daytime Phone #

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.