


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90177 025 \*\*\*150.00

<b>DOCUMENT # P98000075765</b> 1. Entity Name <b>DONALD R. ADAMS, P.A.</b>					
Principal Place of Business <b>1104 COUNTY LINE RD. LUTZ, FL 33549</b>			Mailing Address <i>16528 N. Dale Mabry Hwy.</i> <b>3355 BEARSS AVE TAMPA, FL 33618</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i> Suite, Apt. #, etc.			
City & State Zip		City & State <i>Tampa, FL</i> Zip <i>33618</i>		Country <i>US</i>	
4. FEI Number <b>59-3530511</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER</b> <del>3355 BEARSS AVE</del> <i>16528 N. Dale Mabry Hwy.</i> <b>TAMPA, FL 33618</b>			7. Name and Address of New Registered Agent Name <i>Sanders, Walter</i> Street Address (P.O. Box Number is Not Acceptable) <i>16528 N. Dale Mabry Hwy</i> City <i>Tampa</i> State <i>FL</i> Zip Code <i>33618</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 <i>Walter Sanders</i> <i>Walter Sanders</i> DATE <i>2/20/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, DONALD R 19209 BOLES RD. LUTZ, FL 33549	<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	D ADAMS, KATHLEEN T 19209 BOLES RD. TAMPA, FL 33549	<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: <i>Don R. Adams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4-27-05</i> Daytime Phone # <i>813.945.9117</i>		

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