


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90141 002 \*\*\*150.00

<b>DOCUMENT # P98000075765</b> 1. Entity Name DONALD R. ADAMS, P.A.					
Principal Place of Business 1104 COUNTY LINE RD. LUTZ, FL 33549			Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box # <del>1104 W. County Line Rd.</del> 1104 W. County Line Rd.			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lutz, Florida			City & State		
Zip 33558		Country US		4. FEI Number 59-3530511	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618				7. Name and Address of New Registered Agent 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: <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/29/08</u> <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, DONALD R 1104 COUNTY LINE RD W LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, KATHLEEN T 1104 COUNTY LINE RD W LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
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: <u>Donald Adams</u> <u>Donald Adams</u> <u>4/29/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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