


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000041578 1. Entity Name ADAMCO NURSERIES, INC.	
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Principal Place of Business 3315 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890	Mailing Address 3315 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0917813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASTERSON, RITA 217 W. PALMETTO STREET WAUCHULA, FL 33873

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000351146
05/02/05-80133-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, RICHARD 3315 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, BARBARA 3315 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, JAMES E SR. 3315 STEVE ROBERTS SPECIAL ZOLFO SPRINGS, FL 33890
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05 863-7357379