

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000041578

1. Entity Name
ADAMCO NURSERIES, INC.



Principal Place of Business
**3315 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890**

Mailing Address
**3315 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0917813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000748415
05/17/07-80067-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADAMS, RICHARD
STREET ADDRESS 3315 STEVE ROBERTS SPECIAL
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE SD
NAME ADAMS, BARBARA
STREET ADDRESS 3315 STEVE ROBERTS SPECIAL
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE TD
NAME ADAMS, JAMES E SR.
STREET ADDRESS 3315 STEVE ROBERTS SPECIAL
CITY-ST-ZIP ZOLFO SPRINGS, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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 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: James E Adams Sr **JAMES E ADAMS SR**

4-25-07

863-7351379

Date

Daytime Phone #