


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 038 ***150.00

DOCUMENT # P99000055202 1. Entity Name ADAMS WORLD, INC.			
Principal Place of Business 2311 SUNSET DR EUSTIS, FL 32726		Mailing Address 2311 SUNSET DR EUSTIS, FL 32726	
2. Principal Place of Business 2619 Shoemaker Lane Suite, Apt. #, etc.		3. Mailing Address 2619 Shoemaker Lane Suite, Apt. #, etc.	
City & State Mount Dora, FL Zip 32757		City & State Mount Dora, FL Zip 32757	
Country USA		Country USA	
4. FEI Number 59-3585382		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 HEDRICK, EDGAR J III 315 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 D	NAME ADAMS, CARL M III	TITLE Carl M. Adams III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2311 SUNSET DRIVE	CITY-ST-ZIP EUSTIS, FL 32726	STREET ADDRESS 2619 Shoemaker Lane	CITY-ST-ZIP Mount Dora, FL 32757
TITLE D	NAME ADAMS, LAURA DOTY	TITLE Laura Doty Adams	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2311 SUNSET DRIVE	CITY-ST-ZIP EUSTIS, FL 32726	STREET ADDRESS 2619 Shoemaker Lane	CITY-ST-ZIP Mount Dora, FL 32757
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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>Laura D. Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-07-06</u> <u>352-223-1504</u> <small>Date Daytime Phone #</small>	