

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90085 032 ***150.00

DOCUMENT # S42056	
1. Entity Name ADAMS HOMES OF NORTHWEST FLORIDA, INC.	

Principal Place of Business 1101 GULF BREEZE PARKWAY SUITE 229 GULF BREEZE FL 32561 US	Mailing Address 1101 GULF BREEZE PARKWAY SUITE 229 GULF BREEZE FL 32561 US
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20010440



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3000 GULF BREEZE PARKWAY	3. Mailing Address 3000 GULF BREEZE PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GULF BREEZE, FL	City & State GULF BREEZE, FL
Zip 32563	Zip 32563
Country USA	Country USA

4. FEI Number 59-3060164	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, WAYNE L. 1101 GULF BREEZE PARKWAY STB 229 GULF BREEZE FL 32561	
7. Name and Address of New Registered Agent Name ADAMS, WAYNE L. Street Address (P.O. Box Number is Not Acceptable) 3000 GULF BREEZE PARKWAY City GULF BREEZE FL 32563	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ADAMS, WAYNE L 1101 GULF BREEZE PKWY GULF BREEZE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3000 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, WAYNE L 1101 GULF BREEZE PKWY GULF BREEZE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3000 GULF BREEZE PARKWAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Wayne L. Adams **WAYNE L. ADAMS** 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #