FOR PROFIT CORPORATION 2006 ANNUAL REPORT (AR)

DOCUMENT # \$42056

1. Entity Name



FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90191 016 ***150.00

ADAMS HOMES OF NORTHWEST FLORIDA, INC.									
Principal Place of Business Mailing Address					_	\smile			
1101 GULF BREEZE PARKWAY 1101 GULF BREEZE PARKV						:			
SUITE 229 SUITE 229 GULF BREEZE FL 32561 GULF BREEZE FL 32561									
US US						f			
2. Principal Place of Business 3000 GULP BR 134 PARTWAY 3. Mailing Address 3000 GULP BR Suite, Apt. #, etc.					texway 4	007936			
							14		
City & State GULF BR4424 PL GULFBR6424				2	4. FEI Numb	^{er} 59-3060)164	F	Appliea ⊢or Vot Applicable
32.66	53 Country USA	Zp 32563	Country	SA	5. Certificate	of Status Desi	red 🔲	\$8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of N	ew Registere	d Agent	
ADAMS, WAYNE L.					ADAMS,	WAY	VEL.	·	
1101 GULF BREEZE PARKWAY				Street Addr ころの	ress (P.O. Box Númb 100 GUL	E BACE	Laple P	ARKU	144
GULF BREEZE FL 32561									-
			٦	City 60	LF BRAGE	? <u>e</u>	F	L Zpco	de (a.3
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 a	and title if applicable (NOTE	Registered Ag	ent signature o	equired when reinstating)	 _	DATE		
After	ILE NOW!!!: FEE IS \$150.00. May II: 2005 Fee Will Be \$550.00 Payable to Florida Department of	State					ampaign Final		.00 May 8e ded to Fees
10.	CONTRACTOR SPECIAL CONTRACTOR CON				ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 11
TITLE	PST	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	ADAMS, WAYNE L		name Street a	ODDECE	3000 GUI	P BREE	ZA PA	RKWA	4
CITY-ST-ZIP	GULF BREEZE FL	·	CITY-ST-	ZIP	3000 GUL GULF BK	14824	FL 32	となり	,
TITLE	D	☐ Delete	TITLE						
NAME STREET ADDRESS	ADAMS, WAYNE L		NAME STREET A	DORESS	3000 600	FARE	LEZE, 1	DRKU	AY
CITY-ST-ZIP	GULF BREEZE FL		CITY-ST-	-ZIP	GULF BE	£ £ 2-4,	FL 32	5003	•
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET A	DORESS					
CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE				<u> </u>	☐ Change	☐ Addition
NAME		•	NAME STREET A	nnoree					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE		☐ Delete	TITLE	-				Change	☐ Additio
NAME	14.		NAME	1					
STREET ADDRESS			STREET A	i					
CITY-ST-ZIP			CITY-ST-		 				
13 Iborobu	certify that the information supplied with	anie illing does not guelië, for t	the avern	tion etated	Lin Saction 110 07/2	Vil Elorido Ctot	stee I fromber	navië: 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 f changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PR

Davrime Phone #