

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V29888**

1. Entity Name

H.D. ADAMS ENTERPRISES INC.



Principal Place of Business

1732 INDIAN RIV. DR.  
SEBASTIAN, FL 32958 US

Mailing Address

PO BOX 781047  
SEBASTIAN, FL 32978



04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3121156 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, HAROLD D  
1732 INDIAN RIV. DR.  
SEBASTIAN, FL 32958

**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)

1000000549744

05/13/06-80035-004 150.00

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME  
NAME ADAMS, HAROLD D  
STREET ADDRESS 1732 INDIAN RIV. DR.  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME  
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 last address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-06 (772)473-6070

Date

Daytime Phone #