


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P30887		
1. Entity Name ADCO COMPANIES, INC.		
Principal Place of Business 3657 PINE LANE BESSEMER, AL 35022	Mailing Address 3657 PINE LANE BESSEMER, AL 35022	



07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0476191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000170139
 08/16/04-80393-007 158.75

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	ADAMS, ROBERT B.
STREET ADDRESS	3956 NATCHEZ DR.
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	P
NAME	ADAMS, ROBERT J.
STREET ADDRESS	5218 OVERLAND TRACE
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	ST
NAME	ADAMS, COLLEEN P.
STREET ADDRESS	3956 NATCHEZ DR.
CITY-ST-ZIP	BIRMINHAM, AL
TITLE	
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(l), 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: Robert J Adams 8/11/04 205 428 2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #