


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P30887**  
 1. Entity Name  
**ADCO COMPANIES, INC.**



Principal Place of Business      Mailing Address  
**3657 PINE LANE**                      **3657 PINE LANE**  
**BESSEMER, AL 35022**                  **BESSEMER, AL 35022**

**DO NOT WRITE IN THIS SPACE**



05042005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**63-0478191**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when applicable)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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 this prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ADAMS, ROBERT B. 3956 NATCHEZ DR. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, ROBERT J 5218 OVERLAND TRACE BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ADAMS, COLLEEN P. 3956 NATCHEZ DR. BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/09/05-80014-002 158.75

**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)(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: *Robert B. Adams President*      **5/6/05**      **2054282326**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      System Print #