

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45905

FILED
Jan 07, 2008
Secretary of State

Entity Name: A.D.M. VENTURES, INC.

Current Principal Place of Business:

2230 NORTH U S HIGHWAY 301
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

2230 NORTH U S HIGHWAY 301
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-2127013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKINNON, III, A. D.
334 BLANCA AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MACKINNON, III, A. D.
Address: 2230 N US HWY 301
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: MACKINNON, IV, ALEX D
Address: 1915 N ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: RAUCHMILLER, LISA
Address: 2230 N US HWY 301
City-St-Zip: TAMPA, FL 33619

Title: PRES () Delete
Name: CHRISTIANSEN, JOHN P
Address: 2230 N US HWY 301
City-St-Zip: TAMPA, FL 33619

Title: VP () Delete
Name: JACKSON, JOHN R
Address: 6907 BROADWAY AVE
City-St-Zip: JACKSONVILLE, FL 322542717

Title: VP (X) Delete
Name: NOBLES, WILLIAM F
Address: 2230 N US HWY 301
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.D. MACKINNON, III

CEO

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date