

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628564

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

FILED  
Feb 07, 2006  
Secretary of State

## Current Principal Place of Business:

1122 OLD DIXIE HWY  
B-7  
VERO BEACH, FL 32960 US

## New Principal Place of Business:

## Current Mailing Address:

1122 OLD DIXIE HWY  
B-7  
VERO BEACH, FL 32960 US

## New Mailing Address:

FEI Number: 59-1989448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHAEL, ANNE D  
ONE EARRING POINT  
VERO BEACH, FL 32963 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: PD ( ) Delete  
Name: MICHAEL, GORDON A  
Address: 2655 69TH ST  
City-St-Zip: VERO BCH., FL 32960

Title: SD ( ) Delete  
Name: MICHAEL, TIMOTHY P  
Address: 4 EARRING PT.  
City-St-Zip: VERO BEACH., FL 32963

Title: VTD ( ) Delete  
Name: MICHAEL-NEELY, BURKE  
Address: 2 EARRING PT  
City-St-Zip: VERO BEACH, FL 32963

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BURKE MICHAEL-NEELY

T

02/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date