

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90046 028 ***150.00

DOCUMENT # F45905 1. Entity Name A.D.M. VENTURES, INC.					
Principal Place of Business 2230 NORTH U S HIGHWAY 301 TAMPA, FL 33619			Mailing Address 2230 NORTH U S HIGHWAY 301 TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2127013	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKINNON, A. D. 334 BLANCA AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS MACKINNON, A.D. 2230 N US HWY 301 TAMPA, FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alex D. MacKinnon, IV 2230 N. US Hwy. 301 Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HILL, KATHERINE E 608 CHATHAM DR LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Christiansen, John P. 2230 N. US Hwy. 301 Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTIENSEN, JOHN P 6907 BROADWAY AVE JACKSONVILLE, FL 322542717		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MACKINNON, A.D. 2230 N US HWY 301 TAMPA, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, JOHN R 6907 BROADWAY AVE JACKSONVILLE, FL 322542717		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOBLES, WILLIAM F. 1915 N ORANGE BLOSSOM TRL ORLANDO, FL 32804	
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:			A. D. MacKinnon		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> January 28, 2004		
<small>Daytime Phone #</small>			<small>(813) 621-4671</small>		