2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000074034

1. Entity Name
ADM EQUITIES, INC.

Principal Place of Business	Mailing Address
6241 FORESTWOOD DR W LAKELAND, FL 33811	P.O. BOX 7531 LAKELAND, FL 33807 US

DO NOT WRITE IN THIS SPACE

07102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0695826	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, WAYNE T
6241 FORESTWOOD DR W
LAKELAND, FL 33811

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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

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

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	ALBRITTON, WAYNE T
STREET ADDRESS	P.O. BOX 7531
CITY-ST-ZIP	LAKELAND, FL 33807

TITLE	D
NAME	ALBRITTON, EVA M
STREET ADDRESS	P.O. BOX 7531
CITY-ST-ZIP	LAKELAND, FL 33807

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/12/06--80011-006 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Eva M. Albritton_   Eva M. Albritton   7/10/06   863-644-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #