

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed
Secretary of State
Filing Date: 6/16/2015 12:03:00 PM

BUSINESS INFORMATION

CONTROL NUMBER 0321243
BUSINESS NAME ADM ENTERPRISES INC.
BUSINESS TYPE Domestic Profit Corporation
EFFECTIVE DATE 04/09/2003

PRINCIPAL OFFICE ADDRESS

ADDRESS 3875 VILLAGE ESTATES COURT, Cumming, GA, 30040, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
ADDIE MEEKS	11680 RED MAPLE FOREST DRIVE, ALPHARETTA, GA, 30005

OFFICER INFORMATION

NAME	TITLE	ADDRESS
ADDIE MEEKS	CFO	3875 VILLAGE ESTATES COURT, Cumming, GA, 30040, USA
ADDIE MEEKS	CEO	3875 VILLAGE ESTATES COURT, Cumming, GA, 30040, USA
CHRIS MEEKS	SECRETARY	3875 VILLAGE ESTATES COURT, Cumming, GA, 30040, USA

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE ADDIE MEEKS
AUTHORIZER TITLE Officer




Brian P. Kemp
Secretary of State

Transaction Report - 845^14^06/16/2015

Front Image Filename: H:\drive\Jukebox\00037619\images\47156946.P1 Byte Offset: 449605

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
ADM ENTERPRISES INC.	3875 VILLAGE ESTATES COURT	Cumming	Georgia	30040
CEO: ADDIE MEEKS	3875 VILLAGE ESTATES COURT	Cumming	GA	30040
CFO: CHRIS MEEKS	3875 VILLAGE ESTATES COURT	Cumming	GA	30040
Secretary: CHRIS MEEKS	3875 VILLAGE ESTATES COURT	Cumming	GA	30040
RA: ADDIE MEEKS	11086 RED MAPLE FOREST DRIVE	ALPHARETTA	Georgia	30005

IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW:

Has Addr:				
CEO:				
CFO:	<i>Addie Meeks</i>			
Secretary:				
RA:	<i>3875 Village Estates Ct</i>	<i>Cumming</i>	<i>GA</i>	<i>30040</i>
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.		P.O. BOX NOT ACCEPTABLE FOR REGISTERED AGENT'S ADDRESS	COUNTY OF REGISTERED OFFICE:	COUNTY CHANGE OR CORRECTION
AUTHORIZED SIGNATURE:	<i>[Signature]</i>	Date:	<i>6/12/15</i>	Total Due:
Title:	<i>Secretary</i>	Email:	<i>djchrismEEKS@yahoo.com</i>	\$225.00

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BR20 2015 Corporate Annual Registration

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