


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 039 ***150.00

DOCUMENT # 309797		
1. Entity Name FAM CORP.		
Principal Place of Business 1720 SW 110 TERRACE DAVIE FL 33324 US		Mailing Address 1720 SW 110 TERRACE DAVIE FL 33324 US



2. Principal Place of Business - No P.O. Box # 9420 E Southgate Drive	3. Mailing Address 9420 E. Southgate Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State INVERNESS, FL	City & State INVERNESS, FL
Zip 34450	Zip 34450
Country CITRUS	Country CITRUS

4. FEI Number 59-1162354	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUMBEL, LAURA 1720 SW 110 TERRACE DAVIE FL 33324	
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7. Name and Address of New Registered Agent Name LAURA GUMBEL Street Address (P.O. Box Number is Not Acceptable) 9420 E Southgate Drive City INVERNESS FL Zip Code 34450	
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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 <u><i>Laura Gumbel</i></u> LAURA GUMBEL <u><i>1/31/07</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVARATO, ROBERT 5201 W PARK RD HOLLYWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUMBEL, LAURA 1720 SW 110 TERRACE DAVIE FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAVARATO, ROBERT C. 13899 NE 38th Avenue ANTHONY, FL 32617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUMBEL, LAURA 9420 E. Southgate Drive INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Laura M Gumbel</i></u> SD LAURA M GUMBEL <u><i>1/31/07</i></u> <u><i>560-0046</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	