

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 671731

1. Entity Name
W.A.M. MANAGEMENT, INC.



Principal Place of Business

1601 BELVEDERE ROAD
407 SOUTH
WEST PALM BEACH, FL 33406 US

Mailing Address

1601 BELVEDERE RD.
407 SOUTH
WEST PALM BEACH, FL 33406 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2009056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A
SERVICO CENTRE SOUTH STE 407
1601 BELVEDERE RD
WEST PALM BCH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000708343
04/24/07-80055-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VST
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE RD S 407
CITY-ST-ZIP	W PALM BCH, FL 33406,
TITLE	PD
NAME	MEYER, WILLIAM A
STREET ADDRESS	SERVICO CENTRE SOUTH
CITY-ST-ZIP	W PALM BCH, FL 33406,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Meyer 1/15/07 561-689-6602

Date

Daytime Phone #