2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F44765

1. Entity Name
THE RESAM CORP.

Principal Place of Business	Mailing Address
501 BAYVIEW DR	501 BAYVIEW DR
HOLMES, FL 34217 US	HOLMES, FL 34217 US

DO NOT WRITE IN THIS SPACE

07242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2132347	Not Applicable

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

6. Name and Address of Current Registered Agent

KING, CHARLES R.
501 BAYVIEW DR.
HOLMES, FL 34217

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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 12, 2008

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

U00000959455
09/11/08-80001-006 550.00

10.	OFFICERS AND DIRECTORS		
TITLE	PD		
NAME	GALLMAN, MAVIS		
STREET ADDRESS	1611 10TH AVE W		
CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE	DST		
NAME	HOOVER, JACK		
STREET ADDRESS	1611 10TH AVE W		
CITY-ST-ZIP	PALMETTO, FL 34221		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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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 all other like empowered

SIGNATURE: _Jack Hoover_ JACK HOOVER 9/9/08 941/778-7809

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