

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 01, 2007 08:00 AM Secretary of State

DOC	JMEN ⁻	Γ#G	06570
-----	-------------------	-----	-------

1. Entity Name

TAM ENTERPRISES, INC.



Principal Place of Business

8720 SW S R 200

SUITE 1

OCALA, FL 34481 US

Mailing Address

8720 SW S R 200

SUITE 1

OCALA, FL 34481



01222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2226392

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARHAM, JULIE R 5505 SW 107 ST OCALA, FL 34476			DO NOT WRITE IN THIS SPACE				
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P BARHAM, JULIE R 5505 SW 107 ST OCALA, FL 34476 T BARHAM, JULIE R 5505 SW 107 ST OCALA, FL 34476	CTORS			000000616774 02/07/07-80043-012 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BARHAM, JACKSON T 5505 SW 107 ST OCALA, FL 34476				NOT WRITE THIS SPACE		

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

M Buchar.
SIGNATURE AND TYPED OR PRINTED NAME OF

JR BARHAM Pres

01/21/07

854-5969