

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 019 ***150.00

DOCUMENT # J74168
 1. Entity Name
QUAM & CO., INC.



Principal Place of Business Mailing Address
 1220 SW 115TH AVE 1220 SW 115TH AVE
 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025
 US US

50012582



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 1805 So. Brocksmith Rd 1805 S. Brocksmith Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Ft. Pierce, FL Ft. Pierce, FL

4. FEI Number 59-2819880 Applied For
 Not Applicable

Zip Country Zip Country
 34945 USA 34945 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 QUAM, ROBERT K.
 1220 SW 115TH AVE
 HOLLYWOOD FL 33025

7. Name and Address of New Registered Agent
 Name SAME
 Street Address (P.O. Box Number is Not Acceptable)
 1805 S. Brocksmith Rd.
 City Ft. Pierce FL Zip Code 34945

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 *Robert K. Quam*
 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUAM, ROBERT K.	
STREET ADDRESS	1220 SW 115TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert K. Quam	
STREET ADDRESS	1805 S. Brocksmith Rd	
CITY-ST-ZIP	Ft. Pierce, FL 34945	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert K. Quam* Robert K. Quam 1/30/05 772/468-4073
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #