

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90399 005 ***158.75

DOCUMENT # K49292

1. Entity Name

SCANAM INVESTORS, INC.



Principal Place of Business

800 VIRGINIA AVE
SUITE 38-A
FT. PIERCE FL 34982
US

Mailing Address

800 VIRGINIA AVE.
SUITE 38-A
FT. PIERCE FL 34982
US



2. Principal Place of Business

4449 North Bay Road

Suite, Apt. #, etc.

3. Mailing Address

c/o Lars Ekdahl

Suite, Apt. #, etc.

4449 North Bay Road

1st MOORE

CR2E034 (10/05)

City & State

Miami Beach, Fl.

City & State

Miami Beach, Fl.

4. FEI Number

65-0085885

Applied For

Not Applicable

Zip

33140

Country

U S

Zip

33140

Country

U S

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERGKRANS, CARL ANDERS
800-VIRGINIA-AVE-STE-38-D-----
FT. PIERCE FL 34982-----

7. Name and Address of New Registered Agent

Name

Bergkrans, Carl Anders

Street Address (P.O. Box Number is Not Acceptable)

4449 North Bay Road

City

Miami Beach,

FL

Zip Code

33140

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 Carl Anders Bergkrans Carl Anders Bergkrans-President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/24/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BERGKRANS, CARL ANDERS	
STREET ADDRESS	10641 PINE CONE LANE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Carl Anders Bergkrans Carl Anders Bergkrans 3/24/06 (772) 464-6092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #