## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K75711

Entity Name: MAKAM, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3076 IRVING ST

SARASOTA, FL 34237 US

Current Mailing Address: New Mailing Address:

3076 IRVING ST

SARASOTA, FL 34237 US

FEI Number: 65-0106968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEAUX, MICHAEL TERRY
3076 IRVING STREET
SARASOTA, FL 34237 US

MEAUX, MICHAEL T
3076 IRVING STREET
SARASOTA, FL 34237 US

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.

SIGNATURE: MICHAEL T. MEAUX 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MEAUX, MICHAEL TERRY
 Name:
 MEAUX, MICHAEL T

 Address:
 3076 IRVING ST
 3076 IRVING ST

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34237

Title: VPSD () Delete Title: VPSD (X) Change () Addition

 Name:
 MEAUX, KATHRYN LEE MASON
 Name:
 MEAUX, KATHRYN L

 Address:
 3076 IRVING ST
 3076 IRVING ST

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34237

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MEAUX, MASON E
 Name:

 Address:
 3076 IRVING ST
 Address:

 City-St-Zip:
 SARASOTA, FL 34237 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN L. MEAUX VPSD 04/22/2009