


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M69416 |  |
| 1. Entity Name M.A.M. INDUSTRIES, INC. | |

| | |
|---|---|
| Principal Place of Business M.A.M. INDUSTRIES INC 10736 SKYLARK DR JACKSONVILLE, FL 32257 US | Mailing Address M.A.M. INDUSTRIES INC 10736 SKYLARK DR JACKSONVILLE, FL 32257 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 59-2875592 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CHAO, THOMAS K.
10736 SYKLARK DR.
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPT CHAO, THOMAS K. 10736 SKYLARK DR. JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS CHAO, LECO L. 10736 SKYLARK DR. JACKSONVILLE, FL |
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01/16/04-80019-005 150.00

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IN THIS SPACE**

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: LECO CHAO 1/12/04 (904) 262-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #