

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90289 008 ***150.00

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1. Entity Name
BADGE AMERICA, INC.



Principal Place of Business
**P. O. BOX 1158
FERNANDINA BCH, FL 32035**

Mailing Address
**P. O. BOX 1158
FERNANDINA BCH, FL 32035**

44027443



DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3672799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STAM, SANDRA R
4344 BLUE HERON DR
PONTE VEDRA BEACH, FL 32082**

**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 _____

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, 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	PTD
NAME	STAM, SANDRA R
STREET ADDRESS	P. O. BOX 1158 2646 <i>Ponte Vedra Bch FL</i>
CITY-ST-ZIP	FERNANDINA BCH, FL 32035 32004-2646
TITLE	VSD
NAME	STAM, ROBERT A
STREET ADDRESS	P. O. BOX 1158 <i>See Above</i>
CITY-ST-ZIP	FERNANDINA BCH, FL 32035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **904-215-3892**