


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000118051**  
 1. Entity Name  
**BAMM, INC.**



Principal Place of Business: **SATURN SOUND STUDIOS  
 515 S. OLIVE AVE.  
 WEST PALM BEACH FL 33401**

Mailing Address: **277 SQUIRE DRIVE  
 WELLINGTON FL 33414**

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt #, etc.  
 City & State  
 Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**WILLIAMS WILLIAM  
 277 SQUIRE DRIVE  
 WELLINGTON FL 33414**

4. FEI Number **22-3880212** Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**  
**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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM	
STREET ADDRESS	277 SQUIRE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	V	<input type="checkbox"/> Delete
NAME	NORRIS, ROBERTS	
STREET ADDRESS	1580 G WINDORAH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALISON	
STREET ADDRESS	277 SQUIRE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000052791  
 02/16/04-80106-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *William Williams* 2/16/04 561-798-2232  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #