

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 027 ***150.00

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

50011974



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

8130 Nevis Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington FL

Zip

Country

Zip

Country

33414

Palm Beach

4. FEI Number

22-3880212

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS WILLIAM
277 SQUIRE DRIVE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

8130 Nevis Place

City

Wellington

FL

Zip Code

33414

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, 2005 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 ☐ Delete
NAME WILLIAMS, WILLIAM
STREET ADDRESS 277 SQUIRE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☐ Delete
NAME NORRIS, ROBERTS
STREET ADDRESS 1580 G WINDORAH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE S ☐ Delete
NAME WILLIAMS, ALISON
STREET ADDRESS 277 SQUIRE DR.
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8130 Nevis Place
CITY-ST-ZIP Wellington FL 33414

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1051 Sonata Way
CITY-ST-ZIP Royal Palm Beach FL 33411

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8130 Nevis Place
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #