

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P04000058513

1. Entity Name
2AM, INC.



Principal Place of Business
5721 RYWOOD DRIVE
ORLANDO, FL 32810 US

Mailing Address
2428 S. MAPLE AVE
SANFORD, FL 32771 US



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1700321

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEVORE, ROSA L
2428 S. MAPLE AVE
SANFORD, FL 32771

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/T
NAME CARTER, MARK T
STREET ADDRESS 5721 RYWOOD DRIVE
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VP
NAME FRANCE, ROBERT A
STREET ADDRESS 5705 RYWOOD DRIVE
CITY-ST-ZIP ORLANDO, FL 32810

TITLE S
NAME HIBBARD, RANDY D
STREET ADDRESS 5722 BRAHMA AVENUE
CITY-ST-ZIP ORLANDO, FL 32810

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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05/15/06-80093-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/26/06

Date

Daytime Phone # _____