

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90060 024 ***150.00

DOCUMENT # P06000036853

1. Entity Name
NATSAM, INC.



Principal Place of Business
**832 S DEERFIELD AVE
DEERFIELD BEACH, FL 33441**

Mailing Address
**832 S DEERFIELD AVE
DEERFIELD BEACH, FL 33441**

40061803

2. Principal Place of Business - No P.O. Box #

37 SW 9th St

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007

Chg-P

CR2E034 (12/06)

City & State

Deerfield Beach FL

City & State

Same

4. FEI Number

20-4507668

Applied For

Not Applicable

Zip

33441

Country

Broward

Zip

33441

Country

FL

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, WILLIAM S
832 S DEERFIELD AVE
DEERFIELD BEACH, FL 33441**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **PARKER, WILLIAM S**
STREET ADDRESS **832 S DEERFIELD AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **37 SW 9th St**
CITY-ST-ZIP **Deerfield Beach FL 33441**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #