

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90017 025 \*\*\*150.00

**DOCUMENT # P07000076924**

1. Entity Name

**MAM CONSULTING INC.**



Principal Place of Business

**1702 MAKARIOS DRIVE  
SAINT AUGUSTINE FL 32080**

Mailing Address

**1702 MAKARIOS DRIVE  
SAINT AUGUSTINE FL 32080**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA FL 33612-3425**

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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	PRES	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, MICHAEL	
STREET ADDRESS	1702 MAKARIOS DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, MICHAEL	
STREET ADDRESS	1702 MAKARIOS DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	SECT	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, BETH	
STREET ADDRESS	1702 MAKARIOS DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, MICHAEL	
STREET ADDRESS	1702 MAKARIOS DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
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		
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		

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

*Michael McCullough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/08*  
Date

Corporate Phone #