


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90022 024 ***150.00

DOCUMENT # P07000122751			
1. Entity Name S.H.A.M ENTERPRISES INC			
Principal Place of Business 2518 DUMONT LANE NORTH PORT, FL 34286		Mailing Address 2518 DUMONT LANE C/O ANNE MILLER NORTH PORT, FL 34286	
2. Principal Place of Business - No B.O. Box # 4411 Bee Ridge Rd		3. Mailing Address 4411 Bee Ridge Rd	
Suite, Apt. #, etc. Suite 443		Suite, Apt. #, etc. Suite 443	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34233		Zip 34233	
Country US		Country US	
4. FEI Number 26-1423385		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ELIZABETH A 2518 DUMONT LANE NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name Miller, Elizabeth A Street Address (P.O. Box Number is Not Acceptable) 4411 Bee Ridge Rd Suite 443 City Sarasota FL Zip Code 34233	
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 Elizabeth A Miller Elizabeth A Miller, Pres 1/27/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, ELIZABETH A 2518 DUMONT LANE NORTH PORT, FL 34286	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Miller, Elizabeth A 4411 Bee Ridge Rd, Suite 443 Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HENSON, SOPHIA R 4058 WAIKIKI DRIVE SARASOTA, FL 34241	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Hanson, Sophia R 4411 Bee Ridge Rd, Suite 443 Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sophia R Henson VP Sophia R Henson 1/27/08 941-321-9382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	