


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90017 009 ***550.00

DOCUMENT # P94000062197 1. Entity Name CNAM, INC.					
Principal Place of Business 3401 S. ATLANTIC AVE NEW SMYRNA BCH, FL 32169 US			Mailing Address 824 EEL AVE 3401 S. Atlantic Ave. NEW SMYRNA BCH, FL 32169 US		
2. Principal Place of Business <i>See above</i>			3. Mailing Address 3401 S Atlantic Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State New Smyrna Beach		
Zip 32169		Country Volusia		4. FEI Number 59-3314749	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BREINER, CHARLES F. 824 EEL AVE NEW SMYRNA BCH, FL 32169					
7. Name and Address of New Registered Agent Name Anna Caulfield Street Address (P.O. Box Number is Not Acceptable) 18a Hibiscus Rd City Edgewater FL Zip Code 32141					
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 <i>Anna B Caulfield</i> 8/31/05 <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 \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME BREINER, CHARLES F.	<input checked="" type="checkbox"/> Delete	TITLE	P
NAME		824 EEL AVE		NAME	Anna Caulfield
STREET ADDRESS		NEW SMYRNA BCH, FL 32169		STREET ADDRESS	18a Hibiscus Rd
CITY-ST-ZIP				CITY-ST-ZIP	Edgewater FL 32141
TITLE		VPS	<input type="checkbox"/> Delete	TITLE	
NAME		BREINER, NANCY W		NAME	19a Hibiscus Rd
STREET ADDRESS		824 EEL AVE		STREET ADDRESS	Edgewater FL 32141
CITY-ST-ZIP		NEW SMYRNA BCH, FL 32169		CITY-ST-ZIP	
TITLE		T	<input type="checkbox"/> Delete	TITLE	
NAME		GAULFIELD, ANNA		NAME	Mary Lee Walker
STREET ADDRESS		631 WOODBRIDGE DR		STREET ADDRESS	400 Summerow Lane
CITY-ST-ZIP		MELBOURNE, FL 32940		CITY-ST-ZIP	Orlando FL 32839-2956
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Anna B Caulfield</i> Anna B Caulfield 8/31/05 386-423-8787 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					