

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000062197**

1. Entity Name  
CNAM, INC.



Principal Place of Business  
3401 S. ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169 US

Mailing Address  
3401 S. ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169 US



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3314749

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAULFIELD, ANNA  
182 HIBISCUS RD  
EDGEWATER, FL 32141

**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 reissuing)

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	P
NAME	CAULFIELD, ANNA
STREET ADDRESS	182 HIBISCUS RD
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VPS
NAME	BREINER, NANCY W
STREET ADDRESS	182 HIBISCUS RD
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	T
NAME	WALKER, MARY LEE
STREET ADDRESS	400 SUMMEROW LANE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000707653  
04/24/07-80082-019 150.00

**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:**

*Anna B Caulfield*  
Anna B Caulfield

4/12/07

386 423 8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #