

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062197

Entity Name: CNAM, INC.

FILED
Jul 15, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

182 HIBISCUS RD
EDGEWATER, FL 32141 US

Current Mailing Address:

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

New Mailing Address:

182 HIBISCUS RD
EDGEWATER, FL 32141 US

FEI Number: 59-3314749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAULFIELD, ANNA
182 HIBISCUS RD
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAULFIELD, ANNA
Address: 182 HIBISCUS RD
City-St-Zip: EDGEWATER, FL 32141

Title: VPS () Delete
Name: BREINER, NANCY W
Address: 182 HIBISCUS RD
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: WALKER, MARY LEE
Address: 400 SUMMEROW LANE
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA CAULFIELD

P

07/15/2009

Electronic Signature of Signing Officer or Director

Date