

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000045217

1. Entity Name
MAD SAMS, INC.



Principal Place of Business
1375 BEACH RD.
ENGLEWOOD, FL 34223

Mailing Address
ONE CRAWFORD ST.
SAEGERTOWN, PA 16433



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0593724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELLBAUM, R.W. JR
1160 S MCCALL RD., STE B
ENGLEWOOD, FL 34223

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME JORDAN, CHALMER C
STREET ADDRESS ONE CRAWFORD ST.
CITY-ST-ZIP SAEGERTOWN, PA 16433

TITLE P
NAME JORDAN-DEICHMAN, LYNN
STREET ADDRESS 1375 BEACH RD.
CITY-ST-ZIP ENGLEWOOD, FL

TITLE ST
NAME LEWIS, NANCY C.
STREET ADDRESS ONE CRAWFORD ST.
CITY-ST-ZIP SAEGERTOWN, PA 16433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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03228/05-80004-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #