

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 045 ***150.00

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1. Entity Name
MAD SAMS, INC.



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

Mailing Address
**ONE CRAWFORD ST.
SAEGERTOWN, PA 16433**

50007706



2. Principal Place of Business

PO Box 725
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State
Englewood FL

City & State

4. FEI Number
65-0593724

Applied For
Not Applicable

Zip
34225

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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** ☐ Delete
NAME **JORDAN, CHALMER C**
STREET ADDRESS **ONE CRAWFORD ST.**
CITY-ST-ZIP **SAEGERTOWN, PA 16433**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **JORDAN-DEICHMAN, LYNN**
STREET ADDRESS **PO BOX 725**
CITY-ST-ZIP **ENGLEWOOD FL 34225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/06 941-628-2270