

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000075099

1. Entity Name
BAM AND ASSOCIATES, INC.



Principal Place of Business
28 SEVENTH STREET
APALACHICOLA, FL 32320

Mailing Address
28 SEVENTH STREET
APALACHICOLA, FL 32320

DO NOT WRITE IN THIS SPACE

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90012 050 ***150.00



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3462779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Connors
BLANTON, BEVERLEY M
28 SEVENTH STREET
APALACHICOLA, FL 32320

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNORS, BEVERLEY M 28 SEVENTH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CONNORS, ROBERT M. 28 SEVENTH STREET APLACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Beverley Connors*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____