

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 034 ***150.00

DOCUMENT # P98000040073

1. Entity Name
AUTOGRAPHS BY BRUCE CARROUM, INC.



Principal Place of Business
**14 STILL OAKS COVE
SANTA ROSA BEACH, FL 32459**

Mailing Address
**14 STILL OAKS COVE
SANTA ROSA BEACH, FL 32459**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3522715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARROUM, BRUCE J
143 RIVER CREST CIRCLE
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name **CARROUM, BRUCE J**

Street Address (P.O. Box Number is Not Acceptable)
14 STILL OAKS COVE

City **Santa Rosa Beach**

FL

Zip Code **32459**

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)

BRUCE CARROUM

3/18/07

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 **D** ☐ Delete
NAME **CARROUM, BRUCE**
STREET ADDRESS **143 RIVER CREST CIRCLE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **CARROUM BRUCE**
STREET ADDRESS **14 STILL OAKS COVE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

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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:

BRUCE CARROUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


3/18/07

Date

850-830-0384

Daytime Phone #

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000040073 1. Entity Name AUTOGRAPHS BY BRUCE CARROUM, INC.	
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ATTACHMENT

Principal Place of Business 14 STILL OAKS COVE SANTA ROSA BEACH, FL 32459	Mailing Address 14 STILL OAKS COVE SANTA ROSA BEACH, FL 32459
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40038917

DO NOT WRITE IN THIS SPACE

03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3522715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 **BRUCE CARROUM**
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Date

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Daytime Phone #