

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 179642

1. Entity Name
SAM SCHOYCHID, INC.



Principal Place of Business
228 W OAKS PLACE
WOODSTOCK, GA 30188 US

Mailing Address
228 W OAKS PLACE
WOODSTOCK, GA 30188 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0719525

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT, FLORENCE
800 SW 142ND AVENUE
SUFFOLK N306
PEMBROKE PINES, FL 33027

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVD
SCHOYCHID, MELVYN H.
3145 BEECHWOOD DR. S.E.
MARIETTA, GA 30067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SCHUMAN, ROBERTA F.
228 WEST OAKS PLACE
WOODSTOCK, GA 30188

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ALBERT, FLORENCE
800 SW 142 AVENUE
PEMBROKE PINES, FL 33027

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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01/22/07-80042-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Schuman* **ROBERTA SCHUMAN** *1/16/07 770) 924-6343*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #