


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 316596 1. Entity Name SAMMNO INC	
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Principal Place of Business 1818 NORTHWOOD TERR DR P.O. BOX 149373 ORLANDO, FL 32814-9373 US	Mailing Address 1818 NORTHWOOD TERR DR P.O. BOX 149373 ORLANDO, FL 32814-9373 US
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**DO NOT WRITE IN THIS SPACE**



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1268053	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

SPELLMAN, VICTORIA V  
 1818 NORTHWOOD TERR DR  
 WINTER PARK, FL 32789

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000089098  
 03/15/04-80079-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPELLMAN, VICTORIA V 1818 NORTHWOOD TERR, DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANICO, JAMES P 725 LAKESYBELLIA DR. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANICO, ROSE 725 LAKESYBELLIA DR. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPELLMAN, VICTORIA V 1818 NORTHWOOD TERR DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Victoria V Spellman **3-13-04** / **407-647-7203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #