


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90021 025 \*\*\*150.00

**DOCUMENT # 316596**

1. Entity Name  
**SAMMNO INC**



Principal Place of Business <b>1818 NORTHWOOD TERR DR WINTER PARK, FL 32789 US</b>	Mailing Address <b>1818 NORTHWOOD TERR DR WINTER PARK, FL 32789 US</b>
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**DO NOT WRITE IN THIS SPACE**

**60023076**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1268053</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	<b>PO SPELLMAN, VICTORIA V 1818 NORTHWOOD TERR, DR WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PANICO, JAMES P 725 LAKESYBELLIA DR. MAITLAND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PANICO, ROSE 725 LAKESYBELLIA DR. MAITLAND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPELLMAN, VICTORIA 1818 NORTHWOOD TERR DR WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Victoria V. Spellman 4/4/08 407-647-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #