


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005831
 1. Entity Name
 SAMUEL, SON & CO., INC.



Principal Place of Business: 13160 N.W. 43 AVENUE, OPA LOCKA, FL 33054
 Mailing Address: 4334 WALDEN AVENUE, LANCASTER, NY 14086

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 22-3258593 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 refiling) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000238773
 02/22/05-80015-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ADORANTI, LARRY
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	V
NAME	PULEY, DONALD A
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	D
NAME	SAMUEL, MARK C
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	D
NAME	SAMUEL, ELIZABETH J
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	DP
NAME	BASSETT, WAYNE K
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
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)(f), 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 lists empowered.

SIGNATURE: LARRY ADORANTI Date: FEB 9 2005 Daytime Phone #: 905-279-5460