

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005831

Entity Name: SAMUEL, SON & CO., INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

13939 NW 60TH AVE
MIAMI LAKES, FL 33014 31

New Principal Place of Business:

Current Mailing Address:

4334 WALDEN AVENUE
LANCASTER, NY 14086

New Mailing Address:

FEI Number: 22-3258593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ADORANTI, LARRY
Address: 4334 WALDEN AVENUE
City-St-Zip: LANCASTER, NY 14086

Title: V () Delete
Name: PULEY, DONALD A
Address: 4334 WALDEN AVENUE
City-St-Zip: LANCASTER, NY 14086

Title: D () Delete
Name: SAMUEL, MARK C
Address: 4334 WALDEN AVENUE
City-St-Zip: LANCASTER, NY 14086

Title: DP () Delete
Name: BASSETT, WAYNE K
Address: 4334 WALDEN AVENUE
City-St-Zip: LANCASTER, NY 14086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BASSETT, WAYNE K
Address: 4334 WALDEN AVENUE
City-St-Zip: LANCASTER, NY 14086

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ADORANTI

ST

04/30/2009

Electronic Signature of Signing Officer or Director

Date