


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT# N01000007093
 1. Entity Name
SAMUELPROPERTYASSOCIATES,INC.



Principal Place of Business Mailing Address
3501 SAN JOSE STREET **3501 SAN JOSE STREET**
TAMPA, FL 33629 **TAMPA, FL 33629**



01052004 NoChg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754090	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
DEBEVOISE,JOHNT
3501SANJOSESTREET
TAMPA,FL33629

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's signature required whenever installing) _____ DATE _____
Signature typed or printed name of registered agent for filing applicable

Filing Fee is \$61.25
Due by May 1, 2004

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	PD BRABSON,JOHNAJR. 3501SANJOSEJR. TAMPA,FL33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEBEVOISE,JOHNT 3501SANJOSESTREET TAMPA,FL33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GAGE,GEORGE 3501SANJOSESTREET TAMPA,FL33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HART,DONALDSJR 3501SANJOSESTREET TAMPA,FL33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/03/04-00076-013 61.25

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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 a man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: *John T. Debevoise* 4/27/04 (813) 253-6047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone