


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90012 038 ***158.75

DOCUMENT # P03000008924

1. Entity Name
 SAMMEE INVESTMENTS, INC.



Principal Place of Business
 10560 NORTHWEST 18TH DRIVE
 PLANTATION, FL 33322

Mailing Address
 10560 NORTHWEST 18TH DRIVE
 PLANTATION, FL 33322

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01262004 Chg-P CR2E034 (10/03)

4. FEI Number
 11-3674087

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET 4TH FLOOR
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGEN, KURT C			NAME	<i>Kurt C Degen</i>		
STREET ADDRESS	10560 NORTHWEST 18TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLEHUBER, TIMOTHY I			NAME	<i>Timothy I. Schlehber</i>		
STREET ADDRESS	10560 NORTHWEST 18TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEGEN, TRUDY			NAME	<i>Trudy B.C. Wiesen</i>		
STREET ADDRESS	10560 NORTHWEST 18TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33322			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 officers, directors, receivers, trustees, or agents empowered.

SIGNATURE: *Kurt C Degen* 2/2/04 (954) 746-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #