


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P04000170340</b><br>1. Entity Name<br><b>SAMERIN OAKS, CORP.</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>6672 NW 150TH AVE<br/>MORRISTON FL 32668</b> | Mailing Address<br><b>6672 NW 150TH AVE<br/>MORRISTON FL 32668</b> |
|--|--|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE      CR2E034 (10/06)

|   |   |
|---|---|
| 4. FEI Number <b>41-2162871</b>                           | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>COSTANZO, ANTHONY<br/>6672 N.W. 150TH AVENUE<br/>MORRISTON FL 32668</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|--|--|

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 reappointing.)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS |                        | Delete                   |
|----------------------------|------------------------|--------------------------|
| TITLE                      | D<br>COSTANZO, ANTHONY | <input type="checkbox"/> |
| NAME                       | 6672 NW 150TH AVE      |                          |
| STREET ADDRESS             | MORRISTON FL 32668     |                          |
| CITY-STATE-ZIP             |                        |                          |
| TITLE                      | S<br>COSTANZO, PEGGY   | <input type="checkbox"/> |
| NAME                       | 6672 NW 150TH AVE      |                          |
| STREET ADDRESS             | MORRISTON FL 32668     |                          |
| CITY-STATE-ZIP             |                        |                          |
| TITLE                      |                        | <input type="checkbox"/> |
| NAME                       |                        |                          |
| STREET ADDRESS             |                        |                          |
| CITY-STATE-ZIP             |                        |                          |
| TITLE                      |                        | <input type="checkbox"/> |
| NAME                       |                        |                          |
| STREET ADDRESS             |                        |                          |
| CITY-STATE-ZIP             |                        |                          |
| TITLE                      |                        | <input type="checkbox"/> |
| NAME                       |                        |                          |
| STREET ADDRESS             |                        |                          |
| CITY-STATE-ZIP             |                        |                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                           | Change                   | Addition                 |
|---|---------------------------|--------------------------|--------------------------|
| TITLE   | U00000700271              | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME  | 04/20/07-80010-021 150.00 |                          |                          |
| STREET ADDRESS  |                           |                          |                          |
| CITY-STATE-ZIP  |                           |                          |                          |
| TITLE   |                           | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME  |                           |                          |                          |
| STREET ADDRESS  |                           |                          |                          |
| CITY-STATE-ZIP  |                           |                          |                          |
| TITLE   |                           | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME  |                           |                          |                          |
| STREET ADDRESS  |                           |                          |                          |
| CITY-STATE-ZIP  |                           |                          |                          |
| TITLE   |                           | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME  |                           |                          |                          |
| STREET ADDRESS  |                           |                          |                          |
| CITY-STATE-ZIP  |                           |                          |                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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, if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Peggy A Costanzo*      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date