2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90033 036 ***150.00

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1. Entity Name
SAMPSON FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
6034 CHESTER AVENUE SUITE 206B JACKSONVILLE, FL 32217 US	6034 CHESTER AVENUE SUITE 206B JACKSONVILLE, FL 32217 US

01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
6034 Chester Ave		6034 Chester Avenue	
Suite, Apt. #, etc.: Suite 204		Suite, Apt. #, etc.: Suite 204	
City & State: Jacksonville, FL		City & State: Jax, FL	
Zip: 32217	Country: Duval	Zip: 32217	Country: Duval

4. FEI Number: 33-1112854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, BRIAN C
6034 CHESTER AVENUE
SUITE 206B
JACKSONVILLE, FL 32217

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 Paula Sampson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P,T ☐ Delete SAMPSON, PAULA 6034 CHESTER AVENUE, SUITE 206B JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Suite 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete HIGHSMITH, BRIAN C 316 W. 41ST STREET JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VP Highsmith, Brian C 6034 Chester Avenue Suite 204 Jax, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: Paula Sampson 1/20/06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #