

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004692

**Entity Name:** SAMUEL'S HOUSE, INC.

**Current Principal Place of Business:**

1614 TRUESDELL CT  
KEY WEST, FL 33040

**Current Mailing Address:**

1614 TRUESDELL CT  
KEY WEST, FL 33040

**FEI Number:** 65-0951120

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LETO, ELMIRA L  
1614 TRUESDELL CT  
KEY WEST, FL 33040 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           CARBONELL, NOELIA  
Address        1118 17TH STREET  
City-State-Zip: KEY WEST FL 33040

Title           PRES  
Name           TODARO, MARK  
Address        833 ELIZABETH STREET #B  
City-State-Zip: KEY WEST FL 33040

Title           SECRETARY  
Name           O'BRIEN, SUE  
Address        18 SPOON BILL WAY  
City-State-Zip: KEY WEST FL 33040

Title           VP  
Name           GARCIA, HELEN  
Address        3310 HARRIET AVENUE  
City-State-Zip: KEY WEST FL 33040

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NOELIA CARBONELL

**TREASURER**

**01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date