

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 316596

1. Entity Name
SAMMNO INC



Principal Place of Business
1818 NORTHWOOD TERR DR
P.O. BOX 149373
ORLANDO, FL 32814-9373 US

Mailing Address
1818 NORTHWOOD TERR DR
P.O. BOX 149373
ORLANDO, FL 32814-9373 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1268053 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPELLMAN, VICTORIA V
1818 NORTHWOOD TERR DR
WINTER PARK, FL 32789

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 signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME SPELLMAN, VICTORIA V
 STREET ADDRESS 1818 NORTHWOOD TERR, DR
 CITY - ST - ZIP WINTER PARK, FL 32789

TITLE D
 NAME PANICO, JAMES P
 STREET ADDRESS 725 LAKESYBELLIA DR.
 CITY - ST - ZIP MAITLAND, FL

TITLE D
 NAME PANICO, ROSE
 STREET ADDRESS 725 LAKESYBELLIA DR.
 CITY - ST - ZIP MAITLAND, FL

TITLE D
 NAME SPELLMAN, VICTORIA V
 STREET ADDRESS 1818 NORTHWOOD TERR DR
 CITY - ST - ZIP WINTER PARK, FL 32789

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

100000340622
 04/28/05-80123-024 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rose E Panico 4-25-05 407-649-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #