

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 328981



1. Entity Name

SAMAR PUBLISHING, INC.

Principal Place of Business

104 CRANDON BLVD
#301
KEY BISCAYNE FL 33149-1502
US

Mailing Address

104 CRANDON BLVD
#301
KEY BISCAYNE FLA 33149
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1213887

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, ANNE S.
200 OCEAN LANE DR. #304
KEY BISCAYNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SDT ☐ Delete
NAME OWENS, JAMES E
STREET ADDRESS 3960 N. 39 AVE
CITY- ST- ZIP HOLLYWOOD FL 33021

TITLE D ☐ Delete
NAME OWENS, MICHAEL H.
STREET ADDRESS 13140 SW 70TH AVE.
CITY- ST- ZIP PINECREST FL 33156

TITLE DV ☐ Delete
NAME OWENS, DAVID F.
STREET ADDRESS 1527 SOUTH CLUB DRIVE
CITY- ST- ZIP WELLINGTON FL 33414

TITLE PD ☐ Delete
NAME OWENS, ANNE S
STREET ADDRESS 200 OCEAN LANE DR. #304
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000604846
01/30/07-80012-013 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- 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 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: *Anne S. Owens* Anne S. Owens

1-17-07 305.361-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #