

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90037 035 \*\*\*150.00

**DOCUMENT # 421514**

1. Entity Name  
MISS SAM, INC.



Principal Place of Business  
1440 S OCEAN BLVD  
PH D  
POMPANO BEACH, FL 33062

Mailing Address  
1440 S OCEAN BLVD  
PH D  
POMPANO BEACH, FL 33062

**20031366**



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1877458

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CLARDY, MARGURITE  
1440 S OCEAN BLVD  
PH D  
POMPANO BEACH, FL 33062

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	STD
NAME	CLARDY, MARGURITE
STREET ADDRESS	1440 S. OCEAN BLVD PH D
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	D
NAME	RATLIFF, LINDA
STREET ADDRESS	H.C. 84 BOX 1362
CITY - ST - ZIP	WHITESBURG, KY
TITLE	PD
NAME	CLARDY, ALESIA R
STREET ADDRESS	1440 S OCEAN BLVD PHD
CITY - ST - ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_