2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State
04-04-2006 90044 006 ***150.00

DOCUMENT # 421514

1. Entity Name
MISS SAM, INC.

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

20024745

03242006 No Chg-P CR2E034 (11/05)

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 Schell
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 Margurite Clardy Schell
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, 2006 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	[redacted]Y,MARGURITE Schell
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	

DO NOT WRITE IN THIS SPACE

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: Margurite Clardy Schell 4-6-06 954 783-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #