2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 656814

1. Entity Name
SAMAR MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
967 RIDGEWOOD TERRACE TARPON SPRINGS, FL 34689	967 RIDGEWOOD TERRACE TARPON SPRINGS, FL 34689

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1985943	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RISOLA, SAMUEL JR
57 CENTRAL COURT
TARPON SPRINGS, FL 34689

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

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	PSTD
NAME	RISOLA, SAMUEL JR.
STREET ADDRESS	57 CENTRAL COURT
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

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01/14/05-80050-001 150.00

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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 so empowered.

SIGNATURE: _____   1-12-05   727-939-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #