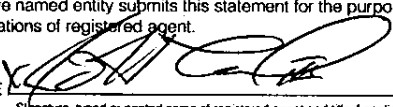



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90113 001 ****61.25

DOCUMENT # 716559 1. Entity Name SAMOR CORPORATION, INC.					
Principal Place of Business 240 TUTTLE - SARASOTA, FL 34233 US			Mailing Address 2419 TEMPLE ST SARASOTA, FL 34239 US		
2. Principal Place of Business 124 TUTTLE AV.S.		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA, FL.		City & State		4. FEI Number 59-0821981	
Zip 34233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAND, JOHN H III 2419 TEMPLE ST SARASOTA, FL 34239				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> JOHN H. LAND III <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-19-06 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> PVCJ MCLEAN, JOHN 25892 AYSER DR PUNTA GORDA, FL 33983 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> V LAND III, JOHN 2419 TEMPLE ST. SARASOTA, FL 34239 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T MORTON, PAUL 3917 TROPICARE BLVD. NORTH PORT, FL 34286 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D JOHNSON, GARY 3959 COLERIDGE PL SARASOTA, FL 34241 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D JOHNSON, BASIL 4561 LAKE CREST PL SARASOTA, FL 34233 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D JOHNSON, BASIL 4561 LAKE CREST PL SARASOTA, FL 34233 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10...					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> PVCJ MORTON, PAUL 3917 TROPICARE BLVD NORTH PORT, FL 34286 </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T ROBERT F. RAMIEH 4296 S.W. 98TH STREET OCALA, FL 34476-7302 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> D TIMOTHY J. CERIO 1700 SHELBOURNE LANE SARASOTA, FL 34231 </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> </div>				
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 617, 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:  JOHN H. LAND III 1-19-06 941-953-6098 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					