

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005831

1. Entity Name
SAMUEL, SON & CO., INC.



Principal Place of Business
13160 N.W. 43 AVENUE
OPA LOCKA, FL 33054

Mailing Address
4334 WALDEN AVENUE
LANCASTER, NY 14086



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3258593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 re-filing)

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

U00000238773
02/22/05-80015-001 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE	ST
NAME	ADORANTI, LARRY
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	V
NAME	PULEY, DONALD A
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	D
NAME	SAMUEL, MARK C
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	D
NAME	SAMUEL, ELIZABETH J
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	DP
NAME	BASSETT, WAYNE K
STREET ADDRESS	4334 WALDEN AVENUE
CITY-ST-ZIP	LANCASTER, NY 14086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

LARRY ADORANTI

Feb. 9, 2005

905-279-5460