## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 11, 2004 08:00 AM Secretary of State DOCUMENT # F03000004450 1. Entity Name SAMTEK, INC. Principal Place of Business Mailing Address 6220 SOUTH ORANGE BLOSSOM TRAIL STE. 160 6220 SOUTH ORANGE BLOSSOM TRAIL STE, 160 ORLANDO, FL 32809 ORLANDO, FL 32809 08062004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0036884 Applied For Not Applicable \$8.75 Additional 5. Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUCO, MICHAEL A SR DO NOT WRITE 411 SIR PHILLIP DRIVE DAVENPORT, FL 33837 \_ 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 in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution Added to Fees corporation did not receive the prior notice OFFICERS AND DIRECTORS 10. TITLE NAVEDO, SAMUEL NAME U00000159839 08/11/04-90001-008 150.00 STREET ADDRESS 430 SIR PHILLIP DRIVE CITY-ST-ZIP DAVENPORT, FL 33837 VPST TITLE NAME NAVEDO, MARYBEL STREET ADDRESS 430 SIR PHILLIP DRIVE CITY-ST-ZIP DAVENPORT, FL 33837 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP ME MAME STREET ADDRESS City-ST-ZP NAME STREET ADDRESS CITY-ST-7P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(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:

**FILED**