


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90096 005 ***158.75

DOCUMENT # F04000003807	
1. Entity Name SAMBE, INC.	

Principal Place of Business 9690-205 BAY HARBOR CIRCLE FORT MYERS, FL 33919	Mailing Address 9690-205 BAY HARBOR CIRCLE FORT MYERS, FL 33919
---	---

2. Principal Place of Business 39 Red POINCIANA Drive	3. Mailing Address 39 Red POINCIANA Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33908	Country USA



01152005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0391657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANTZ, ROGER 9690-205 BAY HARBOR CIRCLE FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name FRANTZ, ROGER F. Street Address (P.O. Box Number is Not Acceptable) 39 Red POINCIANA Drive City FORT MYERS FL Zip Code 33908
---	---

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 *Roger F. Frantz* **ROGER F. FRANTZ PRESIDENT** **04-02-05**
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP CPST FRANTZ, ROGER 9690-205 BAY HARBOR CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CPST FRANTZ, ROGER F. 39 Red POINCIANA Drive FORT MYERS, FL 33908-1818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Roger F. Frantz* **ROGER F. FRANTZ PRESIDENT** **04-02-05** **239-560-8151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #