



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000002595 1. Entity Name SAMMYS MANAGEMENT CO., INC.	
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Principal Place of Business 207 WEST ROMANA STREET PENSACOLA, FL 32502	Mailing Address 207 W ROMANA ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3152489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTAVESPRE, PATRICIA
207 WEST ROMANA STREET
PENSACOLA, FL 32502

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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CANTAVESPRE, PATRICIA 207 W ROMANA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSO, BONITA 207 WEST ROMANA ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTAVESPRE, JOSEPH S 207 WEST ROMANA ST PENSACOLA, FL 32502
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IN THIS SPACE**

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 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:  **3.14.07** **850-432-7378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICIA CANTAVESPRE