

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 034 \*\*\*150.00

**DOCUMENT # H25792**

1. Entity Name

**NATIVE INVESTMENT CORPORATION**



Principal Place of Business

6740-K CROSSWINDS DR., N  
P.O. BOX 40566  
ST. PETERSBURG FL 33743  
US

Mailing Address

6740-K CROSSWINDS DR., N.  
P.O. BOX 40566  
ST. PETERSBURG FL 33743  
US



2. Principal Place of Business - No P.O. Box #

**1216 79th Street South**

Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 40566**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**St Petersburg, Florida**

Zip  
**33707**

Country  
**USA**

City & State

**St Petersburg, Florida**

Zip  
**33707**

Country  
**USA**

4. FEI Number

**59-2460169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCOTT SAMUELS  
1216 79TH STREET SOUTH  
ST PETERSBURG FL 33707**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

**Scott A Samuels**

**Feb 28, 2007**

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | SAMUELS, SCOTT         |                                 |
| STREET ADDRESS | 1216 79TH STREET SOUTH |                                 |
| CITY, ST, ZIP  | ST PETERSBURG FL       |                                 |

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | VS                              | <input type="checkbox"/> Delete |
| NAME           | SAMUELS, ALLEN R.               |                                 |
| STREET ADDRESS | 6740 CROSSWINDS DRIVE SUITE K-1 |                                 |
| CITY, ST, ZIP  | SAINT PETERSBURG FL 33707       |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY, ST, ZIP  |  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY, ST, ZIP  |  |   |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VS                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Allen R Samuels         |  |
| STREET ADDRESS | 6234 Vista Verde West   |  |
| CITY, ST, ZIP  | St Petersburg, FL 33707 |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY, ST, ZIP  |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY, ST, ZIP  |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY, ST, ZIP  |  |   |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY, ST, ZIP  |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 28, 2007 727-667-7915**

Date

Daytime Phone #