2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26185

Name:

Address:

City-St-Zip:

Entity Name: SAM'S SEAFOOD RESTAURANT, INC.

FILED Feb 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
420 SOUTH	CAMARIOTES, A H "A" STREET LA, FL 32502	JR.		C/O SAM C 420 SOUTH PENSACO	4	,	
Current Ma	ailing Address	:		New Mailir	ng Address	s:	
420 SOUTH	CAMARIOTES, V H "A" STREET LA, FL 32502	JR.		C/O SAM C 420 SOUTH PENSACO	4		
FEI Number:	59-2455782	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
420 SOUTH	TES, SAM, JR. H"A" STREET LA, FL 32501	US		CAMARIOT 420 SOUTH PENSACOI	1		
The above in the State		ibmits this statement for the p	urpose o	f changing it	s registered	d office or registered agent, or bo	th,
SIGNATURE:				02/17/2006			
	Electronic	Signature of Registered Age	ent			Date	_
Election Carr	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () E CAMARIOTES, S 420 S. PENSACOLA, FL			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E CAMARIOTES, M 420 SOUTH 'A' S' PENSACOLA, FL	TREET		Title: Name: Address: City-St-Zip:			
Title [.]	() [)elete		Title [.]	VP	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CAMARIOTES, SAM, III

PENSACOLA, FL 32503

420 SOUTH

SIGNATURE: SAM CAMARIOTES, JR DP 02/17/2006