

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J08993

Entity Name: SAM ASSOCIATES, INC.

FILED
May 15, 2009
Secretary of State

Current Principal Place of Business:

315 PLANT AVENUE
TAMPA, FL 336062325

New Principal Place of Business:

Current Mailing Address:

315 PLANT AVENUE
TAMPA, FL 336062325

New Mailing Address:

FEI Number: 59-2168000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STILES, MARY ANN
315 PLANT AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: STILES, MARY ANN
Address: 315 PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: STILES, MARY ANN
Address: 315 PLANT AVE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: GRACE, ROBERT J
Address: 315 PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: TAYLOR, RAYFORD H
Address: 315 PLANT AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARY ANN STILES

PST

05/15/2009

Electronic Signature of Signing Officer or Director

Date