

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 008 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L73033

1. Entity Name
SAMSON PROPERTY OF ALABAMA, INC.



Principal Place of Business

3307 PARIS PLACE 3879 OLD WINTER
ORLANDO, FL 32808 US GARDEN RD.
GOTHA, FL 34734

Mailing Address

P.O. BOX 658
OCOE, FL 34761-0658 US

54000493



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3018856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWERS, CLIFTON C.
3307 PARIS PLACE 3879 OLD WINTER GARDEN RD.
ORLANDO, FL 32808 GOTHA, FL 34734

**DO NOT WRITE
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOWERS, CLIFTON C.
STREET ADDRESS 3307 PARIS PLACE 3879 OLD WINTER GARDEN RD.
CITY-ST-ZIP ORLANDO, FL 32808 GOTHA, FL 34734

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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 CLIFTON C. BOWERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

1/15/04

Date

407-296-9269

Daytime Phone #