

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-20-2007 90020 033 \*\*\*150.00

**DOCUMENT # M85683**

1. Entity Name

**SAMUELS AND SONS, INC.**



Principal Place of Business

**6740 CROSSWINDS DR. NORTH  
P.O. BOX 40566  
ST. PETERSBURG FL 33743**

Mailing Address

**6740 CROSSWINDS DR. NORTH  
P.O. BOX 40566  
ST. PETERSBURG FL 33743**



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

**1216 79th Street South**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**St Petersburg, Florida**

City & State

4. FEI Number

**59-2894768**

Applied For

Not Applicable

Zip

**33707**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAMUELS, ALLEN R.  
6740 CROSSWINDS DRIVE NORTH  
SUITE G  
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name **Scott A Samuels**

Street Address (P.O. Box Number is Not Acceptable)

**1216 79th Street South**

City **St Petersburg**

**FL**

Zip **33707**

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)

**Feb 28, 2007**

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	D	<input type="checkbox"/> Delete
NAME	<b>SAMUELS, SCOTT A.</b>	
STREET ADDRESS	<b>6740 CROSSWINDS DR. N STE. K-1</b>	
CITY - ST - ZIP	<b>SAINT PETERSBURG FL 33743</b>	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	<b>SAMUELS, ALLEN R</b>	
STREET ADDRESS	<b>6740 CROSSWINDS DR N STE. K-1</b>	
CITY - ST - ZIP	<b>SAINT PETERSBURG FL 33743</b>	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott A Samuels</b>	
STREET ADDRESS	<b>1216 79th Street South</b>	
CITY - ST - ZIP	<b>St Petersburg, FL 33707</b>	
TITLE	<b>Allen R Samuels VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6234 Vista Verde West</b>	
CITY - ST - ZIP	<b>St Petersburg, FL 33707</b>	
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 727-639-0017**

Date

Daytime Phone #