

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008460

FILED
Mar 19, 2008
Secretary of State

Entity Name: SAMOUCÉ, MURRELL & GAL, P.A.

Current Principal Place of Business:

5405 PARK CENTRAL COURT
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5405 PARK CENTRAL COURT
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3623373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRELL, ROBERT E
SAMOUCÉ, MURRELL & GAL, P.A.
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SAMOUCÉ, ROBERT C
Address: 1219 SALVIA LANE
City-St-Zip: NAPLES, FL 34105

Title: VPSD () Delete
Name: MURRELL, ROBERT E
Address: 1721 SAN BERNADINO WAY
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: GAL, ALFRED F JR.
Address: 6981 BURNT SIENNA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: ASTD () Delete
Name: MURRELL, TERESA F
Address: 1721 SAN BERNADINO WAY
City-St-Zip: NAPLES, FL 34109

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: TERESA MURRELL

ASTD

03/19/2008

Electronic Signature of Signing Officer or Director

Date