

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013897

FILED
Feb 09, 2005
Secretary of State

Entity Name: SAMSON & GRACIA CORPORATION

Current Principal Place of Business:

4527 MISTY DAWN CT. S.
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

4527 MISTY DAWN COURT SOUTH
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3623390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PD () Delete
Name: SAMSON, GRACE
Address: 4527 MISTY DAWN COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: SAMSON, EDET U
Address: 4527 MISTY DAWN COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: STD () Delete
Name: SAMSON, ANIEKAN
Address: 4527 MISTY DAWN COURT SOUTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: SAMSON, EDET U VP
Address: 4527MISTY DAWN CT.
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Change (X) Addition
Name: SAMSON, EDET U
Address: 4527MISTYDAWN CT.
City-St-Zip: JACKSONVILLE, FL 32277

Title: P () Change (X) Addition
Name: SAMSON, EDET U
Address: 4527MOSTY DAWNCT. S
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDET SAMPSON

VP

02/09/2005

Electronic Signature of Signing Officer or Director

Date