2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000099305

1. Entity Name
SAMUEL'S MAINTENANCE INC.

Principal Place of Business	Mailing Address
3801 N UNIVERSITY DR, SUITE #101 SUITE 311 SUNRISE, FL 33351	3801 N UNIVERSITY DR, SUITE #101 SUITE 311 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1051244	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMMER, EDWIN L CPA
3801 N UNIVERSITY DR, SUITE #101
SUITE 311
SUNRISE, FL 33351

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000759170
05/24/07-80031-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMUELS, WINSTON
STREET ADDRESS	4301 NW 41ST TERR
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/30/07   954-742-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #