

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90700 005 \*\*\*150.00

<b>DOCUMENT # P02000052183</b> 1. Entity Name <b>SAM &amp; LAUREN, INC.</b>																											
Principal Place of Business <b>915 DUVAL STREET EAST</b> <b>KEY WEST, FL 33040</b> <i>CHANGE</i>		Mailing Address <b>624 WHITEHEAD STREET</b> <b>KEY WEST, FL 33040</b> <i>CHANGE</i>																									
2. Principal Place of Business <b>925 TOPPING DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1872</b> Suite, Apt. #, etc.																									
City & State <b>KEY WEST FL</b> Zip <b>33040</b> Country		City & State <b>KEY WEST, FL</b> Zip <b>33041</b> Country																									
4. FEI Number <b>90-0045187</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>KLITENICK, RICHARD M ESQ.</b> <b>624 WHITEHEAD STREET</b> <b>KEY WEST, FL 33040</b> <i>CHANGE</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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: <b>4/28/2004</b>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D KLITENICK, RICHARD M</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>624 WHITEHEAD STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D KLITENICK, RICHARD M	<input type="checkbox"/> Delete	NAME	624 WHITEHEAD STREET		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D KLITENICK, RICHARD M</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1009 SIMONTON STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D KLITENICK, RICHARD M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1009 SIMONTON STREET		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	D KLITENICK, RICHARD M	<input type="checkbox"/> Delete																									
NAME	624 WHITEHEAD STREET																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
TITLE	D KLITENICK, RICHARD M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	1009 SIMONTON STREET																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P D KLITENICK, KELLY J.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P D KLITENICK, KELLY J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, T D BARR, LAYLA</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, T D BARR, LAYLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	P D KLITENICK, KELLY J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
TITLE	VP, T D BARR, LAYLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, D BARR, EMMET</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, D BARR, EMMET</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, D BARR, EMMET</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP, D BARR, EMMET</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>925 TOPPING DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST, FL 33040</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	925 TOPPING DRIVE		STREET ADDRESS	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
TITLE	VP, D BARR, EMMET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	925 TOPPING DRIVE																										
STREET ADDRESS	KEY WEST, FL 33040																										
CITY-ST-ZIP																											
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Director</b> Date: <b>4/28/2004</b> Daytime Phone #: <b>305-292-4101</b>																									