

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000076072

Entity Name: SAMM ENTERPRISES INC.

**FILED**  
**Nov 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

495 HURRICANE DRIVE  
DEFUNIAK SPRINGS, FL 324337150

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 410  
DEFUNIAK SPRINGS, FL 324350410

**New Mailing Address:**

FEI Number: 48-1265770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCLAREN, MELANIE D  
495 HURRICANE DRIVE  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

ADAMS, MELANIE D  
495 HURRICANE DRIVE  
DEFUNIAK SPRINGS, FL 32433 US

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: MELANIE D ADAMS

11/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: ADAMS, MELANIE D  
Address: 495 HURRICANE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D  
Name: ADAMS, SHARON L  
Address: 16194 OLD ASH LOOP  
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

SIGNATURE: MELANIE D ADAMS

P

11/15/2010

Electronic Signature of Signing Officer or Director

Date