2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000094501

1. Entity Name SAMCO & ASSOCIATES, INC.



FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

899 OAK HOLLOW PL. BRANDON, FL 33510 Mailing Address

PO BOX 2448

BRANDON, FL 33509-2448



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P		CR2E034 (11/05)				
4. FEI Number	•	_	Applied For			
05-0529236			Not Applicabl			
5. Certificate of Status Desired		. 🗀 -	\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

MITCHELL, SHIRLEY A
899 OAK HOLLOW PL.

DO NOT WRITE

BRANDON, FL 33510 IN THIS SPACE

		<u> </u>	_				
	named entity submits this statement for the pattern of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Flor	ida. I am fam	iliar with, and accept
		•		•			··
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signerur	e required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.		\$5.00 May Be Added to Fees	· 2-69	CARTINE CELLORIS	16444 (2) (4) (4) (5) (2) (4)
10.	OFFICERS AND DIREC	CTORS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SHIRLEY A 899 OAK HOLLOW PL. BRANDON, FL 33510	-			2£00 ± 2 € 14 2		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			DO	01/18/06- NOT W		13 150.00
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
NAME STREET ADDRESS CITY-ST-ZIP							

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:

MATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO.

01/10/06 813-685-

Daytime Phone #