## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000029407

Address:

City-St-Zip:

619 N PINE HILLS RD

ORLANDO, FL 32808

Name: SAMCREST REALTY & FINANCIAL SERVICES CO

FILED Apr 23, 2004 Secretary of State

Entity Nar	THE: SAMICRES! REALLY & FINANCIAL	SERVICES CO.		
Current Principal Place of Business:		New Principal Place of Busine	New Principal Place of Business:	
619 N PINE HILLS ROAD ORLANDO, FL 32808		D		
		ORLANDO, FL 32805	,	
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
619 N PINE HILLS ROAD ORLANDO, FL 32808		D	<del>-</del>	
		ORLANDO, FL 32808		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( ) Certific	ate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Reg	Name and Address of New Registered Agent:	
SAMAROO, MAHENDRA R JR 619 N PINE HILLS ROAD ORLANDO, FL 32808		SAMAROO, MAHENDRA R JR 7463 CONROY -WINDERMERE ORLANDO, FL 32835	7463 CONROY -WINDERMERE RD	
The above in the State	named entity submits this statement for the e of Florida.	purpose of changing its registered office or	registered agent, or both,	
SIGNATUR	RE: MAHENDRA SAMAROO	(	04/23/2004	
	Electronic Signature of Registered A	gent	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SAMAROO, MAHENDRA R JR 619 N PINE HILLS ROAD ORLANDO, FL 32808	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete SAMAROO, BEBE S 619 N PINE HILLS RD ORLANDO, FL 32808	Title: ( ) Change Name: Address: City-St-Zip:	( ) Addition	
Title: Name:	V ( ) Delete SAMAROO, MICHAEL O	Title: ( ) Change Name:	( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MAHENDRA SAMAROO P 04/23/2004