## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000029407

Title:

Name:

Address: City-St-Zip: ( ) Delete

SAMAROO, MICHAEL O

619 N PINE HILLS RD

ORLANDO, FL 32808

Entity Name: SAMCREST REALTY & FINANCIAL SERVICES CO

FILED Apr 29, 2005 Secretary of State

•									
Current Principal Place of Business:				New Principal Place of Business:					
	ROY -WINDE	RMERE RD							
D ORLANDO	D, FL 32805								
Current Mailing Address:				New Mailing Address:					
7463 CONROY -WINDERMERE RD				7463 CONROY -WINDERMERE RD					
D ORLANDO	D, FL 32808		D ORLANDO	, FL 32835					
FEI Number: 57-1167669 FEI Number Applied For ( )			FEI Num	FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
7463 CON ORLANDO	D, MAHENDRA IROY -WINDE D, FL 32835		tha nurnosa o	f changing it	e ragistara	d office or	registered age	nt or both	
	e of Florida.	submits this statement for	ine purpose o	changing ii	.s registere	a office of t	registered age	nt, or both,	
SIGNATURE: Electronic Signature of Registered Age							Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P (X SAMAROO, MA 619 N PINE H ORLANDO, FL	ILLS ROAD		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	V ( SAMAROO, BE 619 N PINE HII ORLANDO, FL	LS RD		Title: Name: Address: City-St-Zip:	P SAMAROO, 7463 CONR ORLANDO,	OY RD STE	` ,		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL O SAMAROO P 04/29/2005

(X) Change ( ) Addition

SAMAROO, MICHAEL O

ORLANDO, FL 32835

7463 CONROY RD STE D