

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000029407

1. Entity Name

SAMCREST REALTY & FINANCIAL SERVICES CO.



Principal Place of Business

7463 CONROY -WINDERMERE RD
D
ORLANDO FL 32805

Mailing Address

7463 CONROY -WINDERMERE RD
D
ORLANDO FL 32835



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 57-1167669

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SAMAROO, MAHENDRA R JR
7463 CONROY -WINDERMERE RD
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Mahendra R. Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME P
NAME SAMAROO, BEBE S ☐ Delete
STREET ADDRESS 7463 CONROY RD STE D
CITY- ST- ZIP ORLANDO FL 32835

TITLE NAME V
NAME SAMAROO, MICHAEL O ☐ Delete
STREET ADDRESS 7463 CONROY RD STE D
CITY- ST- ZIP ORLANDO FL 32835

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
NAME 000000747258
STREET ADDRESS 05/17/07-80018-017 158.75
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

on supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information
mental 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
trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11
an address, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

4/20/2007 321-432