

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 031 ***150.00

DOCUMENT # P03000041947

1. Entity Name

SAMUEL CORTES, INC.



Principal Place of Business

803 WELER CT.
DELTONA FL 32738-7967

Mailing Address

803 WELER CT.
DELTONA FL 32738-7967

2. Principal Place of Business

510 Lanyard LN.
Suite, Apt. #, etc.

3. Mailing Address

510 Lanyard LN.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

DeBary FL

Zip
32713

Country
USA

City & State

DeBary FL

Zip
32713

Country
USA

4. FEI Number

65-1188130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORTES, SAMUEL
803 WELER CT.
DELTONA FL 32738-7967

32713
510 Lanyard LN. DeBary FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PD
NAME CORTES, SAMUEL
STREET ADDRESS 803 WELER CT.
CITY-ST-ZIP DELTONA FL 32738-7967
510 Lanyard LN. DeBary FL 32713

TITLE STD
NAME CORTES, MAGDALNE
STREET ADDRESS 803 WELER CT.
CITY-ST-ZIP DELTONA FL 32738-7967
510 Lanyard LN. DeBary FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/05