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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 12 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66024508

DOCUMENT # P03000149733

1. Entity Name
SAMUEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4465 DAUGHARTY RD DELAND, FL 32724	4465 DAUGHARTY RD DELAND, FL 32724

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1607 N. Woodland Blvd	Po Box 207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand FL	City & State: DeLeon Springs FL
Zip: 32720 Country: Volusia	Zip: 32130 County: Volusia

4. FEI Number: 20-0477704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~INCORPORATE USA, INC.~~
~~3150 SANDY RIDGE DR~~
~~CLEARWATER, FL 33761~~

7. Name and Address of New Registered Agent

Name: Phaedra T. Samuel
Street Address (P.O. Box Number is Not Acceptable): 5531 East Ave
Po Box 207
City: DeleonSprings FL Zip Code: 32130

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] DATE: 4-16-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMUEL, GREGORY R 4465 DAUGHARTY RD DELAND, FL 32724 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5531 East Ave Po Box 207 DeLeon Springs FL 32130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SAMUEL, PHAEDRA T 4465 DAUGHARTY RD DELAND, FL 32724 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5531 East Ave Po Box 207 DeLeon Springs, FL 32130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 7/7/18
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition paid CK#1055

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] 1-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #