

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041357

Entity Name
DOUBLE SAMS U.S.A., INC.



Principal Place of Business
12907 SILVER OAKS DRIVE
JACKSONVILLE, FL 32257 US

Mailing Address
12907 SILVER OAKS DRIVE
JACKSONVILLE, FL 32257 US



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0858186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEBENER, SAMUEL
12907 SILVER OAKS DRIVE
JACKSONVILLE, FL 32257

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME KLEBENER, SAMUEL
STREET ADDRESS 12907 SILVER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VP
NAME KLEBENER, SAMUEL
STREET ADDRESS 12907 SILVER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE S
NAME KLEBENER, SAMUEL
STREET ADDRESS 12907 SILVER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE T
NAME KLEBENER, SAMUEL
STREET ADDRESS 12907 SILVER OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UG00000548265
05/12/06-80057-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

04-28-06 (904)200-5730