2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P04000126057

Entity Name: SAMPSON MANAGEMENT, INC.

Current Principal Place of Business:

201 S. LAWSONA BLVD.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

201 S. LAWSONA BLVD.
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-2077773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPH C. KEMPE, PROFESSIONAL ASSOCIATION
941 NORTH HWY A1A
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SAMPSON, JANET T	
Address:	7064 SE WINGED FOOT DRIVE	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	BIEDERMAN, DEBORAH S	
Address:	11 MONA LANE	
City-St-Zip:	DIX HILLS, NY 11746	
Title:	D	( ) Delete
Name:	SAMPSON, TIMOTHY J	
Address:	11 MONA LANE	
City-St-Zip:	DIX HILLS, NY 11746	
Title:	D	( ) Delete
Name:	SAMPSON, MICHAEL P	
Address:	201 S LAWSONA BLVD	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	RUTLEDGE, LYNN C	
Address:	1802 SW OAKWATER POINTE	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	SAMPSON, SHARON K	
Address:	4562 S CARAMBOLA CIR	
City-St-Zip:	COCONUT CREEK, FL 33066	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MICHAEL P SAMPSON P 01/16/2009

Electronic Signature of Signing Officer or Director — Date