

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/27/2006-90273-004-\$150.00-\$150.00

DOCUMENT # P05000117165

1. Entity Name

SAM'S MISCELLANEOUS REPAIRS, INC



Principal Place of Business

995 RIDGEWAY DRIVE  
NORTH FORT MYERS FL 33903

Mailing Address

995 RIDGEWAY DRIVE  
NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3416792

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, SAMUEL A  
995 RIDGEWAY DRIVE  
NORTH FORT MYERS FL 33903

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, SAMUEL A	
STREET ADDRESS	995 RIDGEWAY DRIVE	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANCHEZ, SAMUEL A	
STREET ADDRESS	995 RIDGEWAY DRIVE	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SANCHEZ, SAMUEL A	
STREET ADDRESS	995 RIDGEWAY DRIVE	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	SANCHEZ, SAMUEL A	
STREET ADDRESS	995 RIDGEWAY DRIVE	
CITY - ST - ZIP	NORTH FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600081500748	
STREET ADDRESS	11/03/06--01035--008 **600.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Samuel Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

239 8987251

Daytime Phone #

FILED  
06 OCT 26 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05) 06