

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90067 011 ***150.00

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1. Entity Name
SAM'S PLACE INC



Principal Place of Business
1971 N HWY 79
BONIFAY, FL 32425

Mailing Address
1971 N HWY 79
BONIFAY, FL 32425

40001866



2. Principal Place of Business - No P.O. Box #
Sam's Place

3. Mailing Address
Sam's Place

Suite, Apt. #, etc.
1967 N Hwy 79

Suite, Apt. #, etc.
1967 N Hwy 79

City & State
Bonifay FL

City & State
Bonifay FL

Zip
32425

Country
Holmes

Zip
32425

Country
Holmes

01082008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0537736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, JERRY
1971 N HWY 79
BONIFAY, FL 32425

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 instituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PHILLIPS, JERRY
STREET ADDRESS 1971 N HWY 79
CITY-ST-ZIP BONIFAY, FL 32425

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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

1-8-08

(950) 326-0018

Date

Daytime Phone #