2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

SIGNATURE AND TYPED OF PR

## Mar 23, 2006 8:00 am **Secretary of State** DOCUMENT # P92000005118 03-14-2006 90016 020 \*\*\*150.00 1. Entity Name SAMCOR MARKETING CORPORATION Principal Place of Business Mailing Address 4370 S TAMIAMI TR P.O. DRAWER 5842 SARASOTA FL 34277-5842 STE 312 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEi Number City & State City & State Applied For 65-0432066 Not Applicable Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAILEY, F. JOSEPH Street Address (P.O. Box Number is Not Acceptable) 49 BISHOPS CT OSPREY FL 34229 City 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 SIGNATURE Signature, typert or present name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE'IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DDF DPST MILE ☐ Detete ☐ Change ☐ Addition NAME BAILEY, F. JOSEPH NAME STREET ADDRESS STREET ADDRESS 49 BISHOPS CT CITY-SI-ZIP OSPREY FL CITY-ST-ZP TITLE Delete ITTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THLE Octate ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CUTY-ST-JTP FITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this Iting does not quality for the exemptions contained in Section 1.19, 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 the empowered.

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

SAMCOR MARKETING CORPORATION P.O. DRAWER 5842 SARASOTA, FL 34277-5842

Subject: SAMCOR MARKETING CORPORATION

Reference Number:

P92000005118

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM ANNUAL REPORTS SECTION