


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90076 006 ***150.00

DOCUMENT # P94000013575		
1. Entity Name DOUBLE SAM, INC.		

Principal Place of Business 12907 SILVER OAK DR. JACKSONVILLE, FL 32223	Mailing Address 12907 SILVER OAK DR. JACKSONVILLE, FL 32223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KLEBENCÉ, SAMUEL 12907 SILVER OAK DR. JACKSONVILLE, FL 32223	
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7. Name and Address of New Registered Agent	
Name KLEBENER, SAMUEL	
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]* Samuel Klebener 04/28/04
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHTEYN, SEMYON 4853 SAN CLERC RD. JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KLEBNER, SAMUEL 12907 SILVER OAK DR JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLEBENER, SAMUEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* Samuel Klebener 04/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICE COPY

Attachment



24083142
PORTNOY, SHAINBROWN & Co. CPA's, P.A.
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

July 6, 2004

Honorable Glenda E. Hood
State of Florida Secretary of State
Department of State
Division of Corporations - Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Double Sam, Inc.
Document # P94000013575

Dear Secretary of State Hood:

After review of our client's records on WWW.SUNBIZ.ORG, there appears to be no record of the Department of State receiving the above referenced corporation's 2004 For Profit Corporation Annual Report. This report was mailed with payment of \$150 on April 27, 2004.

Enclosed please find a copy of the submitted report along a replacement check in the amount of \$150.00. In the event the original Report and payment are received, please return the check without processing.

If you have any questions, please call me at (904) 731-8005. Thank you very much for your consideration and cooperation.

Sincerely yours,

PORTNOY, SHAINBROWN & CO. CPA's, P.A.


Bernard J. Shainbrown, c.p.a.

BJS/sej
Enclosures