

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000015688

1. Entity Name

SAM CAR, INC.



Principal Place of Business

19 OLD FERRY RD
SHALIMAR FL 32579
US

Mailing Address

P O BOX 778
SHALIMAR FL 32579
US

2. Principal Place of Business

19 Old Ferry Rd

Suite, Apt. #, etc.

Shalimar, FL.

City & State

3. Mailing Address

PO Box 778

Suite, Apt. #, etc.

City & State

Shalimar, FL.

Zip

32579

Country

Zip

32579

Country

USA

1st MOORE

CR2E034 (10/05)



4. FEI Number

59-3259179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

J LADON DEWRELL
207 FLORIDA PLACE
P O BOX 1510
FORT WALTON BEACH FL 32549

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 reconstituting)

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 PSD ☐ Delete
NAME CLARY, CHAS W
STREET ADDRESS 19 OLD FERRY RD
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VTD ☐ Delete
NAME DEWRELL, GEORGE L
STREET ADDRESS 15 OLD FERRY ROAD
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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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:

G. Harv W. Clary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

428-1933

Daytime Phone #