


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90178 001 ***150.00

DOCUMENT # P94000037303	
1. Entity Name SAMPSON SERVICES, INC.	

Principal Place of Business 425 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825	Mailing Address 425 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825
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2. Principal Place of Business 509 S. CHICKASAW TR. #203 Suite, Apt. #, etc.	3. Mailing Address 509 S. CHICKASAW TR. #203 Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent GRABACH, ELLIOT 425 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 509 S. CHICKASAW TR. #203 City FL Zip Code	
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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 *Elliot Grabach* **ELLIOTT GRABACH** 2/20/06
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	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	PD GRABACH, ELLIOTT D 8106 CASTINANGO STREET ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Elliot Grabach* **ELLIOTT GRABACH** 2/20/06 407-677-4633
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #