

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90032 028 \*\*\*150.00

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03142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P94000037303</b>			
1. Entity Name <b>SAMPSON SERVICES, INC.</b>			
Principal Place of Business 509 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825		Mailing Address 425 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>509 S. CHICKASAW TRAIL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 203</b>	
City & State		City & State <b>ORLANDO, FL</b>	
Zip	Country	Zip	Country
<b>32825</b>		<b>ORANGE</b>	
4. FEI Number <b>59-3243860</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRABACH, ELLIOT 509 S. CHICKASAW TRAIL, #203 ORLANDO, FL 32825</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOTT GRABACH 3/16/07  
Date

407-677-4633  
Daytime Phone #