

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P95000048228**

1. Entity Name  
**MARCELLA R. SAMSON P.A.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 18 AM 8:34

Principal Place of Business

6405 POMPANO ST  
JUPITER, FL 33458

Mailing Address

6405 POMPANO ST  
JUPITER, FL 33458



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0597681	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMSON, MARCELLA R  
6405 POMPANO ST  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMSON, MARCELLA R 6405 POMPANO ST JUPITER, FL 33458
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900079127039  
09/25/06--01029--023 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Marcella R. Samson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-06 501 630 8660  
Date Daytime Phone #

8-14-06

Mr. Blankenbaker,

As per our telephone conversation, I am submitting a new form, annual report, and a replacement check. Apparently the post office failed to deliver the first set I sent.

I'm also enclosing my note from my CPA who says it's not due until 9-6-06

Thank you so much  
for your assistance  
with this matter

Sincerely  
Marcella R. James