2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \(\)

Apr 12, 2004 8:00 am **DOCUMENT # P96000022137** 1. Entity Name Secretary of State SAMCO CONSTRUCTION, INC. 04-12-2004 90243 002 ***150.00 Principal Place of Business Mailing Address PO BOX 24299 3685 CROWN POINT COURT JACKSONVILLE, FL 32257 SUITE 1 JACKSONVILLE, FL 32257 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. CR2E034 (10/03) Suite, Apt. #, etc. 03012004 Chg-P Applied For 4. FEI Number City & State City & State 59-3375559 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSAMA, QANDAH Street Address (P.O. Box Number is Not Acceptable). 11010 HOOD RD S-JACKSONVILLE, FL 32257 Zip Code City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete TITLE KANDAH, SAM QANDAH, OSAMA ~ NAME NAME STREET ADDRESS (Some address) 11010 HOOD RD.,S. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-7IP ☐ Addition vs TITLE ☐ Delete TITLE QANDAH, MUNA ~ KANDAH, MUNA NAME 11010 HOOD RD.,S. STREET ADDRESS STREET ADDRESS (some addASS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITI F TITLE را ورخل عادراه اعل NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP 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 ampowered.

FILED

54030399 Department of Justice P96000022137 Petition for Name Change Immigration and Naturalization Service Middle District of Florida Jacksonville Division (NAME OF OURT) As part of the naturalization process, you have the opportunity to legally change your name. Please complete lines 1 -8 (Type or print clearly). My full and correct name (current name): OANDAH OS/MA MUNA (LAST) (MIDLE) (FIRST) 32257 Jacksonville, FI 11010 Hood Rd S 2. Address: (Zip Code) City/State) (Number/Street) 4. Date of Birth: 3. Country of Nationality: Jordan (Month) (Day) (Complete Year) 5. Alien Registration Card (Green Card) Number: A 074 174 553 6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement. 7. I petition the court to change my name to: KANDAH (LAST) (MIDDLE) CERTIFICATION OF NAME CHANGE MAY 0 1 2003 I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON (Date) SEATHFIED A TRUE CORY (Cleyk) SHERYL L LOESCH, CLERK

Your copy of this petition, along with your Certificate of Naturalization, what you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears year name as changed per Order of the Court.

IMPORTANT INFORMATION

U. & DISTRICT COURT

Affachment

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Department of Justice	Dac 606099 127	- <i>V</i>
mmigration and Naturalization Service	P96 0000 22 137 Petition	on for Name Change
	Middle District of Florida Jacksonville, Division	
	(NAME OF COURT)	
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as part of the naturalization process, y	ou have the opportunity to legally change you	ur name. Please complete lines 1 -
3 (Type or print clearly).		
My full and correct name (current nam	ne):	
OSAMA	GHANAYEM	QANDAH
(FIRST)	(MIDDLE)	(LAST)
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2. Address:11010 Hood Ro		32257
(Number/Street	(City/State)	(Zip Code)
3. Country of Nationality:	Jordan 4. Date of Birth:	06/19/1951
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