



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90021 015 \*\*\*150.00

<b>DOCUMENT # P97000023806</b> 1. Entity Name <b>SAMSON LIFEWORKS, INC.</b>					
Principal Place of Business <b>1135 PASEDNA AVS S</b> <b>STE 304</b> <b>ST. PETERSBURG, FL 33710 US</b>			Mailing Address <b>1135 PASEDNA AVS S</b> <b>STE 304</b> <b>ST. PETERSBURG, FL 33710 US</b>		
2. Principal Place of Business <b>1135 PASADENA AVE. SO.</b> Suite, Apt. #, etc. <b>SUITE 304</b>		3. Mailing Address <b>1135 PASADENA AVE. SO.</b> Suite, Apt. #, etc. <b>SUITE 304</b>			
City & State <b>ST. PETERSBURG FL 33707</b> Zip Country		City & State <b>ST. PETERSBURG FL 33707</b> Zip Country		4. FEI Number <b>59-3449523</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LUX, ROBERT M</b> <b>1135 PASEDNA AVE S STE 304</b> <b>SAINT PETERSBURG, FL 33710</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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GUTERMAN, BARBARA SAMSON</b> <b>1135 PASEDNA AVE S STE 304</b> <b>SAINT PETERSBURG, FL 33707</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered. <b>BARBARA SAMSON GUTERMAN, PRES.</b>					
SIGNATURE: <i>Barbara Samson Guterman, Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/11/04 727-341-1516 Date Daytime Phone #		