

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000097220	
1. Entity Name SAM & ROSIE, INC.	

Principal Place of Business 35230 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684	Mailing Address 35230 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-F CR2E034 (11/05)

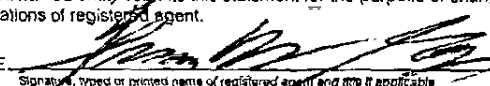
4. FEI Number 59-3447854	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMAS W. GAILOR
2849 PADLOCK DR
PALM HARBOR, FL 34684**

**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:  DATE: **2/14/06**

(NOTE: Registered Agent signature required when reinstating)

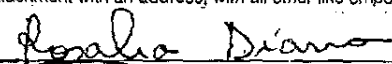
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANA, SAM 2936 SHANNON CIRCLE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DIANA, ROSE 2936 SHANNON CIRCLE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANA, FRANK 2936 SHANNON CIRCLE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000511595
04/29/06-80057-008 150.00

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:  DATE: **2/14/06 855-8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR