

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000097220

1. Entity Name
SAM & ROSIE, INC.



FILED

07 JUN 22 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
35230 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

Mailing Address
35230 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DIANA, SAM
STREET ADDRESS 2936 SHANNON CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34684 ☐ Delete

TITLE S/T
NAME DIANA, ROSE
STREET ADDRESS 2936 SHANNON CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34684 ☐ Delete

TITLE ~~D~~
NAME ~~DIANA, FRANK~~
STREET ADDRESS ~~2936 SHANNON CIRCLE~~
CITY-ST-ZIP ~~PALM HARBOR, FL 34684~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600104883228
06/26/07--01037--007 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15

5/15/07

(722) 858-8386

Date Daytime Phone #