


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000059622

1. Entity Name
SAMSON EQUIPMENT CO.



Principal Place of Business
**6320 US 98 SOUTH
 HIGHLAND CITY, FL 33846**

Mailing Address
**PO BOX 280
 HIGHLAND CITY, FL 33846**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3522250

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CICCIA, SAMUEL J JR
 6320 US 98 SOUTH
 HIGHLAND CITY, FL 33846**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

000000328805
 04/25/05-80091-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	CICCIA, SAMUEL L JR
STREET ADDRESS	4904 CELIA CIR W
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D
NAME	CICCIA, LISA M
STREET ADDRESS	4904 CELIA CIR W
CITY - ST - ZIP	LAKELAND, FL 33813
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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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.

SIGNATURE: *Samuel L. Ciccia* Date: 4-21-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #