

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001512

Entity Name: SAM KASSAB, INC.

FILED  
Jan 26, 2009  
Secretary of State

**Current Principal Place of Business:**

3790 RIDGEWOOD AVE.  
PORT ORANGE, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

3790 RIDGEWOOD AVE.  
PORT ORANGE, FL 32119

**New Mailing Address:**

FEI Number: 59-3551011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASSAB, ANTOUN  
3790 RIDGEWOOD AVE  
PORT ORANGE, FL 32119 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D,P ( ) Delete  
Name: KASSAB, ANTOUN  
Address: 3727 SUNRISE OAKS DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: T,S ( ) Delete  
Name: KASSAB, ANTOUN  
Address: 3727 SUNRISE OAKS DR  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOUN KASSAB

P

01/26/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date