2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S21318

1. Entity Name
S.A.M.S. -N-ONE, INC.

Principal Place of Business	Mailing Address
2888 WEST HIGHWAY 44 DELAND, FL 32720	1133 GLENWOOD ROAD % SAM ECKHARDT DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

03072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3044929	Not Applicable

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

6. Name and Address of Current Registered Agent

WEIR, MEGAN
1133 GLENWOOD RD
DELAND, FL 32720

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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
<small>Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE</small>

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

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U000000855756
03/27/08-80063-012 150.00
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10.	OFFICERS AND DIRECTORS
TITLE	TSD
NAME	WEIR, MEGAN
STREET ADDRESS	1133 GLENWOOD RD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	PD
NAME	CAMPBELL, DONALD J
STREET ADDRESS	46 WELLINGTON STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Donald X Campbell_ Donald J Campbell 3/11/08 386-734-7459
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>