

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90026 006 ***150.00

DOCUMENT # S45421

1. Entity Name

SAMARDAK REALTY CORP.



Principal Place of Business

1521 SW LEJEUNE RD
CORAL GABLES FL 33134

Mailing Address

1521 SW LEJEUNE RD
CORAL GABLES FL 33134



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

20002 QUAIL RUN DR.

3. Mailing Address

P.O. Box 864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DUNNELLON, FL

City & State

DUNNELLON, FL

4. FEI Number

59-3058665

Applied For

Not Applicable

Zip

34432

Country

MARION

Zip

34430

Country

MARION

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FORMAN, TERRY J.
1521 SW LEJEUNE RD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SAMARDAK, WILLIAM	
STREET ADDRESS	1521 SW LEJEUNE RD	
CITY ST ZIP	CORAL GABLES FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORMAN, TERRY J.	
STREET ADDRESS	1521 SW LEJEUNE RD	
CITY ST ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAMARDAK, MODESTA	
STREET ADDRESS	1521 SW LEJEUNE ROAD	
CITY ST ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Samardak, Pres. WILLIAM SAMARDAK, PRES (352) 489-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #