


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 039 ***150.00

DOCUMENT # F93000004718

1. Entity Name
S & S UNLIMITED, INC.



Principal Place of Business Mailing Address

202 MERTROSE WEST AVE
#180
COPLAY, OH 44321 US

202 MERTROSE WEST AVE
#180
COPLAY, OH 44321 US

2. Principal Place of Business 3. Mailing Address

24 Dockside Lane **24 Dockside Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#74 **#74**

City & State City & State

Key Largo, FL **Key Largo, FL**

Zip Country Zip Country

33037 **US** **33037** **US**

02132004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

34-1297743 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MICHAEL K
100 ANCHOR DR
#74
KEY LARGO, FL 33037

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | CPT | <input type="checkbox"/> Delete |
| NAME | SMITH, MICHAEL K | |
| STREET ADDRESS | 100 ANCHOR DR | |
| CITY-ST-ZIP | KEY LARGO, FL | |
| TITLE | VS | <input type="checkbox"/> Delete |
| NAME | SMITH, MARJORIE K | |
| STREET ADDRESS | 100 ANCHOR DR | |
| CITY-ST-ZIP | KEY LARGO, 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]* **Date:** **3/8/04** **Daytime Phone #:**