


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 012 \*\*\*150.00

**DOCUMENT # P05000157327**

1. Entity Name  
**S & S AUTO SERVICES, INC.**



Principal Place of Business      Mailing Address

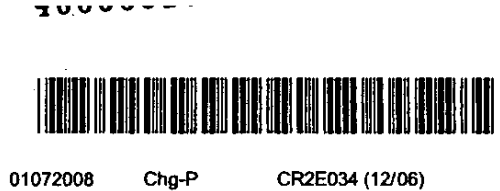
**1948 PARENTAL HOME ROAD**      **1948 PARENTAL HOME ROAD**  
**SUITE 1**      **SUITE 1**  
**JACKSONVILLE, FL 32216**      **JACKSONVILLE, FL 32216**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number  
**20-3866279**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHULTZ, CHAD A**  
**1309 ST. JOHNS BLUFF ROAD N**  
**SUITE 104**  
**JACKSONVILLE, FL 32225**

**7. Name and Address of New Registered Agent**

Name **Barry A. Bobek**  
 Street Address (P.O. Box Number is Not Acceptable) **503 E. Monroe Street**  
 City **Jacksonville**      FL      Zip Code **32202**

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 *Barry A. Bobek*      DATE **2/14/08**

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

**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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	CRIST, PAUL	1948 PARENTAL HOME ROAD, STE1	JACKSONVILLE, FL 32216	<input type="checkbox"/>
VPT	CRIST, SONYA	1948 PARENTAL HOME ROAD, SUITE 1	JACKSONVILLE, FL 32216	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: *Sonya J. Crist*      DATE: **2.5.08**      DAYTIME PHONE #: **904-721-9069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #

**Sonya J. Crist**