

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049672

Entity Name: MSS MANAGEMENT I, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

11300 4TH STREET NORTH SUITE 200
ST. PETERSBURG, FL 33716

New Principal Place of Business:

1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607

Current Mailing Address:

11300 4TH STREET NORTH SUITE 200
ST. PETERSBURG, FL 33716

New Mailing Address:

1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607

FEI Number: 26-2664217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANELLI, JULIE V
11300 4TH STREET NORTH SUITE 200
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

FANELLI, JULIE V
1511 N. WESTSHORE BLVD.
SUITE 300
TAMPA, FL 33607 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Change (X) Addition
Name: JOHNSON, DARIAN W
Address: 1511 N. WESTSHORE BLVD., STE 300
City-St-Zip: TAMPA, FL 33607

Title: S () Change (X) Addition
Name: FANELLI, JULIE V
Address: 1511 N. WESTSHORE BLVD., STE 300
City-St-Zip: TAMPA, FL 33607

Title: D () Change (X) Addition
Name: CHADWICK, JAMES M
Address: 1511 N. WESTSHORE BLVD., STE 300
City-St-Zip: TAMPA, FL 33607

Title: D () Change (X) Addition
Name: SEMBLER, SANDRA C
Address: 1511 N. WESTSHORE BLVD., STE 300
City-St-Zip: TAMPA, FL 33607

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: DARIAN W. JOHNSON

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date