


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 004 ***150.00

DOCUMENT # P94000058513

1. Entity Name
SSE AND ASSOCIATES, INC.



Principal Place of Business
**569 CANAL ST
 NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**P.O. BOX 602
 NEW SMYRNA BEACH, FL 32170 US**

54025297



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
59-3265072

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**EGGERTON, SONYA S
 569 CANAL STREET
 NEW SMYRNA BEACH, FL 32168**

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	P	<input type="checkbox"/> Delete
NAME	EGGERTON, SONYA	
STREET ADDRESS	6300 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, TRACIE	
STREET ADDRESS	337 MOHAVE TERR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSEN, JAMES C	
STREET ADDRESS	464 HARPER RD	
CITY-ST-ZIP	PIERSON, FL 32180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EGGERTON, WILLIAM	
STREET ADDRESS	63005 ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eggerton, Sonya	
STREET ADDRESS	6060 Hammett Lane	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Tracie	
STREET ADDRESS	773 Whooping Crane Court	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eggerton, William	
STREET ADDRESS	6060 Hammett Lane	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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)(f), 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: *Tracie A. Ward* **Tracie A. Ward** **3-31-04** **3864288875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #