

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 01, 2006
Secretary of State**

DOCUMENT# P94000058513

Entity Name: SSE AND ASSOCIATES, INC.

Current Principal Place of Business:

569 CANAL ST
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3265072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: EGGERTON, SONYA
Address: 660 HAMMETT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P () Delete
Name: WARD, TRACIE
Address: 773 WHOOPING CRANE CT.
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: HANSEN, JAMES C
Address: 464 HARPER RD
City-St-Zip: PIERSON, FL 32180

Title: VP () Delete
Name: EGGERTON, WILLIAM
Address: 660 HAMMETT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: EGGERTON, WILLIAM
Address: 660 HAMMETT LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACIE A. WARD

P

02/01/2006

Electronic Signature of Signing Officer or Director

Date