

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058513

FILED  
Feb 26, 2009  
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ( ).

**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: ST ( ) Delete  
Name: EGGERTON, WILLIAM H  
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: P (X) Change ( ) Addition  
Name: WARD, TRACIE  
Address: 4533 BURKE STREET  
City-St-Zip: ORLANDO, FL 32814

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

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

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: SONYA S. EGGERTON

CEO

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date