


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000010787
 1. Entity Name
SOS, INC.



Principal Place of Business
**2202 LAUREL OAK DR
 VALRICO, FL 33594**

Mailing Address
**2202 LAUREL OAK DR
 VALRICO, FL 33594**

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3562625

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MIDDLEBROOKE, KELLY
 2202 LAUREL OAK DR
 VALRICO, FL 33594**

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

**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 NAME STREET ADDRESS CITY ST ZIP	P MIDDLEBROOK, KELLY 2202 LAUREL OAK DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MATZ, KEVIN 2614 S KINGSWAY RD SEFFNER, FL 33584
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Matz **Kevin Matz** 4/2/04 813 689 9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #