2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # \$13238

1. Entity Name

S & S FINANCIAL, INC.



FILED Apr 05, 2005 8:00 am Secretary of State

04-05-2005 90051 017 ***150.00

						SO WE TH							
Principal Place of Business 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442 US				Mailing Address 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442 US			0	40047284					
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03232005	Chg-P		CR2E0	34 (10/03)	
City & State				City & State				4. FEI Numb 65-022					pplied For ot Applicable
Zip				Zip Country				5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Curren	t Regis	stered Agent				7. Name and	Address of	New Re	gistered /	lgent	
		4				Name							
ECKERT, CHARLES 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL. 33442						Street Address (P.O. Box Number is Not Acceptable)							
DEEK! IEE	D DEAOI	, 1 1. 00442				City						Zip Coo	40
		•				City					FL	, Zip Cot	эө
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_	Signature, typed	or printed name of registered ager	t and title	if applicable. (NOT	E: Registere	ed Agent signature r	raquired	when reinstating)		· ·	DATE		<u> </u>
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution								.00 May Be ed to Fees		-			•
10.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS	CHANGES T	O OFFIC	ERS AND	DIRECTOR	RS IN 11
TITLË	DPT			☐ Delete	TITL	F T				-		Change	Addition
NAME	ECKERT	CHARLES S.		DOUGLE	NAM	1						C outriga	
STREET ADDRESS		EWPORT CENTER D	RIVE	STF 200		EET ADDRESS							
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TITLE	DVPS	20 00 (01), 12 00 112	•	П	-							Channe	T Address
NAME		SCOTT A		☐ Delete	TITL	- 1						☐ Change	☐ Addition
STREET ADDRESS	ECKERT, SCOTT A. 1192 E. NEWPORT CENTER DRIVE, STE. 200					EET ADDRESS							
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NAME					NAM	se							
STREET ADDRESS	_	•				EET ADDRESS							
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STREET ADDRESS CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·			1	EET ADDRESS							
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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.

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