


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S13238**  
1. Entity Name  
**S & S FINANCIAL, INC.**



Principal Place of Business      Mailing Address  
**1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442 US**      **1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442 US**

**DO NOT WRITE IN THIS SPACE**



03282006    No Chg-P    CR2E034 (11/05)

4. FE# Number      Applied For  
**65-0229063**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ECKERT, CHARLES  
1192 E. NEWPORT CENTER DRIVE, STE. 200  
DEERFIELD BEACH, FL 33442**

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IN THIS SPACE**

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 agent and state if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	DPT ECKERT, CHARLES S. 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ECKERT, SCOTT A. 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/O ECKERT, SIBYL 1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/D ECKERT, PATRICIA 1192 E. NEWPORT CENTER DRIVE STE 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/06-80018-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the like empowered.

SIGNATURE: Charles Eckert **CHARLES S. ECKERT**      3-28-06    954 771 77  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #