

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 501142

**Entity Name:** DOUBLE S ENTERPRISES, INC.

**Current Principal Place of Business:**

6115 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

6115 ARLINGTON EXPRESSWAY  
P.O.BOX 8622 (32239)  
JACKSONVILLE, FL 32211

**FEI Number:** 59-1654074

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STONER, LYNN W.  
13770 PLEASANT VALLEY DR.  
JACKSONVILLE, FL 32225 US

*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

**Officer/Director Detail :**

Title PD  
Name STONER, LYNN W  
Address 13770 PLEASANT VALLEY DR  
City-State-Zip: JACKSONVILLE FL

Title STD  
Name STONER, CONNIE CHANCEL  
Address 13770 PLEASANT VALLEY DR  
City-State-Zip: JACKSONVILLE FL

Title VP  
Name STONER, LANCE C  
Address 1026 9TH AVE N.  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE:** LANCE STONER

VP OF OPERATIONS

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date