


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90039 020 ***150 00

DOCUMENT # F08090 1. Entity Name S & S ENTERPRISES ASSOCIATES, INC.		 Secretary of State 01-27-2006 90039 020 ***150.00	
Principal Place of Business 410 HWY 24 WEST ARCHER, FL 32618 US		Mailing Address P O BOX 758 ARCHER, FL 32618 US	
2. Principal Place of Business 16923 SW Archer Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Archer, FL Zip 32618 Country		City & State City Zip Country	
6. Name and Address of Current Registered Agent MCDavid, William 1624 NW 6th St GAINESVILLE, FL 32601 32606-4356		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME P <input type="checkbox"/> Delete NAME SMITH, MARGARET E. STREET ADDRESS 410 HWY 24 WEST 16923 CITY-ST-ZIP ARCHER, FL 32618 TITLE NAME ST <input type="checkbox"/> Delete NAME SMITH, RAY D. STREET ADDRESS 410 HWY 24 WEST CITY-ST-ZIP ARCHER, FL 32618 TITLE NAME <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 16923 SW Archer Road CITY-ST-ZIP Archer, FL 32618 TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 16923 SW Archer Road CITY-ST-ZIP Archer, FL 32618 TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 other like empowered.			
SIGNATURE: Margaret E. Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-23-06 352 4953000 Date Daytime Phone #	