

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 029 ***150.00

DOCUMENT # F45475

1. Entity Name
SUPER SAVER PLUS CLASSIFIEDS, INC.



Principal Place of Business

**201 KELSEY LN
TAMPA, FL 33619**

Mailing Address

**P.O. BOX 5059
TAMPA, FL 33675-5059**

50033021

2. Principal Place of Business

116 Adalia Ave

3. Mailing Address

116 Adalia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212005

Chg-P

CR2E034 (10/03)

City & State

Tampa FL

City & State

Tampa

4. FEI Number

59-2948711

Applied For

Not Applicable

Zip **33606**

Country **USA**

Zip **33606**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, W J PA
200 S-BISCAYNE BLVD
STE-3410
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **W. J. STANTON P.A.**
Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Boulevard
Pensacola 1110
City **CORAL GABLES** FL Zip **33134**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **MANDT, JUDITH M**
STREET ADDRESS **116 ADALIA AVE.**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **PS** ☐ Delete
NAME **MANDT, RICHARD D**
STREET ADDRESS **116 ADALIA AVE.**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **ASD** ☐ Delete
NAME **MANDT, A. J. M.**
STREET ADDRESS **116 ADALIA AVE.**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Richard D Mandt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 March 05 **8B6262122**
Date Daytime Phone #