


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 014 ***150.00

DOCUMENT # F96000001470
 1. Entity Name
 SUPPORT SERVICES CORP OF DELAWARE



40046487



Principal Place of Business: 11500 TIMBERLINE CIRCLE FT MYERS, FL 33912
 Mailing Address: 11500 TIMBERLINE CIRCLE FT MYERS, FL 33912

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: 2401 First St Suite, Apt #, etc. City & State Zip Country
 300 Ft Myers FL 33901 LEE

04212005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0345274 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: WARD, STEPHEN G 2235 FIRST STREET SUITE 218 FORT MYERS, FL 33901
 7. Name and Address of New Registered Agent: Stephen G Ward 2401 First St Suite 300 Ft Myers FL 33901

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 constituting) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, STEPHEN G		NAME		
STREET ADDRESS	11500 TIMBERLINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(c) 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 I had personally signed the report 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR