


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G31308 1. Entity Name H.S.S.O., INC.	
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Principal Place of Business P.O. BOX 585127 ORLANDO, FL 32858 US	Mailing Address P.O. BOX 585127 ORLANDO, FL 32858 US
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01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2299453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OHRI, HARPAUL S
 8704 CRESTGATE CIRCLE
 ORLANDO, FL 32819

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHRI, G K 9220 HIDDEN BAY LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OHRI, HARPAUL S 9220 HIDDEN BAY LANE ORLANDO, FL 32819
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 01/26/04-80066-016 150.00

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: *H. Ohri HARPAUL S. OHRI* **1/25/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #