2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G31308

1. Entity Name
H.S.S.O., INC.

Principal Place of Business	Mailing Address
P.O. BOX 585127	P.O. BOX 585127
ORLANDO, FL 32858 US	ORLANDO, FL 32858 US

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2299453	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OHRI, HARPAUL S
8704 CRESTGATE CIRCLE
ORLANDO, FL 32819

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	D
NAME	OHRI, G K
STREET ADDRESS	9220 HIDDEN BAY LANE
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	P
NAME	OHRI, HARPAUL S
STREET ADDRESS	9220 HIDDEN BAY LANE
CITY-ST-ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80038-012 150.00

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: _HARPAUL S. OHRI_   1-20-05   407-297-9115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #