2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27247

Entity Name: SSSL&T, INC

FILED Jan 14, 2009 Secretary of State

•	,			
Current Principal Place of Business:			New Principal Place of Business:	
	COTTONDAL IA, FL 32448	E RD		
Current Mailing Address:			New Mailing Address:	
P.O.BOX (MARIANN	5838 IA, FL 32447			
FEI Number: 59-2466717 FEI Number Applied For ()		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
2774 INDI	JR., WALTER AN SPRINGS I IA, FL 32446			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	*		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (STEVENS, WIL 2525 SPRING MARIANNA, FL	CREEK RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (STEVENS, ROI 2513 SPRING MARIANNA, FL	CREEK RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS (LASH, JAMES 2816 BAKER S MARIANNA, FL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	DT () Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER W. SPENCE, JR. P 01/14/2009

TATUM, AUSTIN E DT

1316 WOODGATE WAY

TALLAHASSEE, FL 32308

Name:

Address:

City-St-Zip: