

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # J53041 1. Entity Name S & S ENTERPRISES, INC.	
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Principal Place of Business 400 HIGH POINT DRIVE, SUITE #500 COCOA, FL 32926	Mailing Address 400 HIGH POINT DRIVE, SUITE #500 COCOA, FL 32926
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2751366	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VANI, THOMAS A 400 HIGH POINT DRIVE SUITE 500 COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000094461 03/22/04-80060-018 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANI, THOMAS A 400 HIGH POINT DR COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOFFETT, LAURA M 400 HIGH POINT DR COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PATRIA, ROBERT 400 HIGH POINT DR STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIMMINS, SUSAN C 400 HIGH POINT DR, STE 500 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  T.A. VANI 3/18/04	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	