

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90044 013 ****70.00

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1. Entity Name
MISSION SUPPORT SERVICES, INC.



Principal Place of Business
**5522 7TH ST
ZEPHYRHILLS, FL 33542**

Mailing Address
**5522 7TH ST
ZEPHYRHILLS, FL 33542**

40001040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3635308

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAMS, STANLEY J
37152 RUTLEDGE DR
ZEPHYRHILLS, FL 33541-4978**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRAMS, STANLEY J
37152 RUTLEDGE DRIVE
ZEPHYRHILLS, FL 33541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOURNIER, CHARLES D.
6302 SILVER OAKS DR.
ZEPHYRHILLS, FL 33542** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GRAMS, CHARLOTTE
37152 RUTLEDGE DRIVE
ZEPHYRHILLS, FL 33541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUSSEY, STEPHEN
5414 4TH ST
ZEPHYRHILLS, FL 33542** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AUBIN, MIKE
38345 5TH AVE
ZEPHYRHILLS, FL 33541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REILEY, KEITH
5230 1ST STREET
ZEPHYRHILLS, FL 33541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOLORES, EVANS
5849 TWILIGHT DR
ZEPHYRHILLS, FL 33540** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVANS, DOLORES
5849 TWILIGHT DR
ZEPHYRHILLS, FL 33540** ☒ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #