

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90260 005 \*\*\*\*70.00

**DOCUMENT # N00000001763**

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**

**50000172**



2. Principal Place of Business - No P.O. Box #  
**37152 Rutledge Dr.**

3. Mailing Address  
**P.O. Box 816**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State  
**Zephyrhills, FL**

City & State  
**Zephyrhills, FL**

4. FEI Number  
**59-3635308**

Applied For  
Not Applicable

Zip  
**33541**

Country  
**USA**

Zip  
**33539**

Country  
**USA**

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

*Stanley Grams* **STANLEY GRAMS**

*1/6/07*

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, 2007**

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

TITLE D  
NAME Charles Fournier ☐ Change ☒ Addition  
STREET ADDRESS 6302 Silver Oaks Dr.  
CITY-ST-ZIP Zephyrhills, FL 33542

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

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

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

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

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Stanley Grams* **STANLEY GRAMS**

*1/6/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #