


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06700</b> 1. Entity Name <b>SAVE OUR SHORES (S.O.S.) INC.</b>			
Principal Place of Business <b>P O BOX 3512 VERO BEACH FL 32964</b>		Mailing Address <b>P O BOX 3512 VERO BEACH FL 32964</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State  Zip		City & State  Zip	
4. FEI Number <b>59-2481288</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, WILLIAM C 1155 WINDING OAKS CIRCLE #104 VERO BEACH FL 32963</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P GLYNN, WILLIAM	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1802 BAREFOOT PLACE	NAME	1100000256935
STREET ADDRESS	VERO BEACH FL 32963	STREET ADDRESS	03/09/05-80035-008 61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP ANDERSON, ROBERT	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	340 E WAVERLY PL #6-D	NAME	
STREET ADDRESS	VERO BEACH FL 32960	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S JOHNSON, WILLIAM C	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	1155 WINDING OAKS CIR #104	NAME	
STREET ADDRESS	VERO BEACH FL 32963	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T WALTHER, MICHAEL	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3625-20TH STREET	NAME	
STREET ADDRESS	VERO BEACH FL 32960	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>William C Johnson</i>		3/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	