

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06700**

1. Entity Name  
**SAVE OUR SHORES (S.O.S.) INC.**



Principal Place of Business

**P O BOX 3512  
VERO BEACH, FL 32964**

Mailing Address

**P O BOX 3512  
VERO BEACH, FL 32964**



02172006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2481288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM C  
1155 WINDING OAKS CIRCLE #104  
VERO BEACH, FL 32963**

**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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**000000447881  
03/08/06 80075-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLYNN, WILLIAM
STREET ADDRESS	1802 BAREFOOT PLACE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VP
NAME	ANDERSON, ROBERT
STREET ADDRESS	340 E WAVERLY PL #6-D
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	S
NAME	JOHNSON, WILLIAM C
STREET ADDRESS	1155 WINDING OAKS CIR #104
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	WALTHER, MICHAEL
STREET ADDRESS	3625-20TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/06 112.234.4270**

Date

Daytime Phone #