


**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

000000447981  
03/08/06 80075-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLYNN, WILLIAM 1802 BAREFOOT PLACE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, ROBERT 340 E WAVERLY PL #6-D VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, WILLIAM C 1155 WINDING OAKS CIR #104 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTHER, MICHAEL 3625-20TH STREET 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:** *William C. Johnson* **2/17/06** 172.234.4270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #