
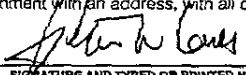


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002154</b>		
1. Entity Name SSB, INC.		
Principal Place of Business 2585 KEISER CT TITUSVILLE, FL 32780	Mailing Address 2585 KEISER CT TITUSVILLE, FL 32780 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LORD, PETER M 2585 KEISER CT TITUSVILLE, FL 32780		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	DP	
NAME	LORD, PETER M REVEREN	
STREET ADDRESS	2585 KEISER CT	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DS	
NAME	LORD, JOHNNIE B	
STREET ADDRESS	2585 KEISER CT	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DV	
NAME	LORD, RICHARD A	
STREET ADDRESS	2600 PARK AVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	
NAME	BATEMAN, JOHN	
STREET ADDRESS	2600 MANGRAM PLACE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	
NAME	BATEMAN, BETTY	
STREET ADDRESS	2600 MANGRAM PLACE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	
NAME	RALEU, ELDON	
STREET ADDRESS	65 YUMA DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
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.		
<b>SIGNATURE:</b>  <b>PETER M. LORD</b>		<b>1/15/06</b> <b>321-257-0054</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3374253

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

000000385170  
01/18/06-80005-025 61.25

**DO NOT WRITE  
IN THIS SPACE**