2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N96000002154

Entity Name: SSB, INC.

Current Principal Place of Business:

2585 KEISER CT
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2585 KEISER CT
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-3374253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORD, PETER M
2585 KEISER CT
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	LORD, PETER M REVEREN	
Address:	2585 KEISER CT	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	DS	( ) Delete
Name:	LORD, JOHNNIE B	
Address:	2585 KEISER CT	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	DV	( ) Delete
Name:	LORD, RICHARD A	
Address:	2600 PARK AVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	BATEMAN, JOHN	
Address:	2600 MANGRAM PLACE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	BATEMAN, BETTY	
Address:	2600 MANGRAM PLACE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	RALEY, ELDON	
Address:	65 YUMA DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BATEMAN, JOHN	
Address:	7 INDIAN RIVER AVE, APT # 805	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	D	(X) Change ( ) Addition
Name:	BATEMAN, BETTY	
Address:	7 INDIAN RIVER AVE, APT # 805	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LORD DP 02/20/2009

Electronic Signature of Signing Officer or Director — Date