

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 019 ***150.00

DOCUMENT # P00000043658

1. Entity Name

B.S.S. INNOVATIONS, INC.



Principal Place of Business

**3555 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

Mailing Address

**3555 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3521 - 1st AVE NORTH

Suite, Apt. #, etc.

3. Mailing Address

3521 - 1st AVE NORTH

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3640876

Applied For

Not Applicable

Zip

33713

Country

PINELLAS

Zip

33713

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TROUP, DAVID L
4731 CENTRAL AVENUE
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHELTON, STEPHEN E**
CITY-ST-ZIP **4357 14TH WAY NE
ST. PETERSBURG FL 33703**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHELTON, SHARON L**
CITY-ST-ZIP **2056 3RD AVENUE NORTH - 3355-0226
ST. PETERSBURG FL 33713**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHELTON, BILLY E**
CITY-ST-ZIP **2056 3RD AVENUE NORTH -
ST. PETERSBURG FL 33713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **SHELTON, SHARON L**
CITY-ST-ZIP **P O BOX 60212
ST PETERSBURG FL 33784-0212**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **SHELTON, BILLY E**
CITY-ST-ZIP **4670 - 38th AVE NORTH
ST PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(i), 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 607, 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:

SHARON L SHELTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/04

Date

327-3635(727)

Daytime Phone #