


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90465 006 ***150.00

DOCUMENT # P00000057278	
1. Entity Name SOUTHSHORE CAPITAL CO., INC.	

Principal Place of Business 2655 N. OCEAN DRIVE SUITE 328 WEST PALM BEACH, FL 33404	Mailing Address 213 BLOSSOM LANE PALM BCH SHORES, FL 33404
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2. Principal Place of Business 4440 PGA BLVD. Suite, Apt. #, etc. SUITE 304 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA	3. Mailing Address 4440 PGA BLVD. Suite, Apt. #, etc. SUITE 304 City & State PALM BEACH GARDENS, FL Zip 33410 Country USA
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04242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1011609	Applied For <input type="checkbox"/> Not Applicable
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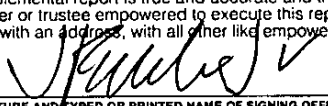
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUNK, JOSEPH A JR. 213 BLOSSOM LANE PALM BCH SHORES, FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 103 OLIVERA WAY City PALM BEACH GARDENS, FL 33418
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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, type, and date of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNK, JOSEPH A JR. 213 BLOSSOM LANE PALM BCH SHORES, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	103 OLIVERA WAY PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 4/28/06 <small>Daytime Phone #</small>