

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000012418

1. Entity Name

SOUTHERN SITE SOLUTIONS, INC.



Principal Place of Business

660 S GOODMAN ROAD
KISSIMMEE, FL 34747

Mailing Address

660 S GOODMAN ROAD
KISSIMMEE, FL 34747



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number

95-4893461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AKINS, BECKY J
660 S GOODMAN ROAD
KISSIMMEE, FL 34747

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AKINS, BECKY
STREET ADDRESS 660 S. GOODMAN RD.
CITY-ST-ZIP KISSIMMEE, FL 34747

TITLE VPD
NAME AKINS, TIMOTHY D
STREET ADDRESS 660 S. GOODMAN RD.
CITY-ST-ZIP KISSIMMEE, FL 34747

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000000085414
03/11/04-80046-023 150.00

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IN THIS SPACE**

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:

Becky Akins **Becky Akins (President)** 3/4/04 407-396-3994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #