

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017977

FILED
Jul 01, 2005
Secretary of State

Entity Name: S & S SALES & SERVICE INC.

Current Principal Place of Business:

4213 COUNTY ROAD 218 WEST
STE 3
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4213 COUNTY ROAD 218 WEST
STE 3
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 02-0551150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, CHARLENE P
2667 APACHE CT.
MIDDLEBURG, FL 32068 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: STEVENS, CHARLENE P
Address: 2667 APACHE CT.
City-St-Zip: MIDDLEBURG, FL 32068

Title: V () Delete
Name: STEVENS, GARY
Address: 2667 APACHE CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HAVENS, JAMES B II
Address: 13025 VICTORIA REGINA DR.
City-St-Zip: MONTGOMERY, TX 77356 US

Title: VD () Change (X) Addition
Name: FOWLER, TERESSA V
Address: 13025 VICTORIA REGINA DR
City-St-Zip: MONTGOMERY, TX 77356 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE P. STEVENS

PD

07/01/2005

Electronic Signature of Signing Officer or Director

Date