

**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90086 002 \*\*\*150.00

DOCUMENT # P02000042611

1. Entity Name  
S & S SERVICES GROUP, INC.



Principal Place of Business  
3950 LYNDHURST COURT  
SARASOTA, FL 34235

Mailing Address  
3950 LYNDHURST COURT  
SARASOTA, FL 34235

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
36-3626897

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCCOLLUM, LIZ  
3950 LYNDHURST CT  
SARASOTA, FL 34235

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCCOLLUM, LIZ
STREET ADDRESS	3950 LYNDHURST CT
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D
NAME	SWARTZ, DOUG
STREET ADDRESS	3950 LYNDHURST CT
CITY-ST-ZIP	SARASOTA, FL 34235
TITLE	D
NAME	MCCOLLUM, CHRISTINE
STREET ADDRESS	2576 LAND PARK DR 3533 23 RD ST
CITY-ST-ZIP	SACRAMENTO, CA 95818 95818
TITLE	D
NAME	MCCOLLUM, MICHAEL
STREET ADDRESS	2608 KENT DR
CITY-ST-ZIP	SPRINGFIELD, IL 62703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Elizabeth McCollum Swartz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05  
Date

941 3774600  
Daytime Phone #