

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State

04-14-2008 90056 027 ***150.00

DOCUMENT # P02000063467 1. Entity Name S&S XPRESS LINE INC.																																																																																																					
Principal Place of Business 600 OAKLAND RD. AUBURNDALE, FL 33823			Mailing Address 600 OAKLAND RD. AUBURNDALE, FL 33823																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																		
City & State			City & State																																																																																																		
Zip		Country		Zip																																																																																																	
Country		Country		4. FEI Number 72-1525948																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent SNODGRASS, PATRICIA A 600 OAKLAND RD. AUBURNDALE, FL 33823				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																	
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.				FL Zip Code																																																																																																	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)																																																																																																					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">V SNODGRASS, DAVID B SR.</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>600 OAKLAND RD.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AUBURNDALE, FL 33823</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P SNODGRASS, PATRICIA</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>600 OAKLAND RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AUBURNDALE, FL 33823</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P Snodgrass, Patricia</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>600 Oakland Rd</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Auburndale FL 33823</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	V SNODGRASS, DAVID B SR.	☐ Delete	NAME	600 OAKLAND RD.		STREET ADDRESS	AUBURNDALE, FL 33823		CITY - ST - ZIP			TITLE	P SNODGRASS, PATRICIA	☐ Delete	NAME	600 OAKLAND RD		STREET ADDRESS	AUBURNDALE, FL 33823		CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	P Snodgrass, Patricia	☒ Change ☐ Addition	NAME	600 Oakland Rd		STREET ADDRESS	Auburndale FL 33823		CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: x <i>Patricia Snodgrass</i> President x 4/14/08 863-965-1826 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR DATE (Signature Page 5)																																																																																																					