


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90018 047 ***158.75

DOCUMENT # P03000010839 1. Entity Name S & S ENTERPRISES OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 924 BELVILLE BLVD NAPLES, FL 34104			Mailing Address 924 BELVILLE BLVD NAPLES, FL 34104		
2. Principal Place of Business 7000 Appleby dr Suite, Apt. #, etc.		3. Mailing Address 7000 Appleby dr Suite, Apt. #, etc.			
City & State Naples FL 34104		City & State Naples FL 34104		4. FEI Number 36-4513391	
Zip 34104		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUEBAS, STEPHEN F 924 BELVILLE BLVD NAPLES, FL 34104				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUEBAS, STEPHEN F <input type="checkbox"/> Delete 924 BELVILLE BLVD NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUEBAS, STEPHANIE <input type="checkbox"/> Delete 924 BELVILLE BLVD NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Stephanie Cuebas</u> <u>Stephanie Cuebas</u> 239-775-3114 _____ Date 5-10-06 Daytime Phone #					