


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90298 016 \*\*\*158.75

<b>DOCUMENT # P03000154484</b>	
1. Entity Name <b>S &amp; S CLEANING AND PAINTING, INC.</b>	

Principal Place of Business <b>2935 KING ST PENSACOLA, FL 32526</b>	Mailing Address <b>2935 KING ST PENSACOLA, FL 32526</b>
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**50051123**

2. Principal Place of Business <b>10558 FAIR Pines Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>10558 FAIR Pines Dr.</b> Suite, Apt. #, etc.
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05042005 Chg-P CR2E034 (10/03)

City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>
Zip <b>32506</b>	Country <b>U.S.</b>
Zip <b>32506</b>	Country <b>U.S.</b>

4. FEI Number <b>37-1481012</b>	Applied For <input type="checkbox"/> Not Applicable
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8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

<b>DAVIS, SHARI 2935 KING ST PENSACOLA, FL 32526</b>
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Name <b>Shari Simmons</b>
Street Address (P.O. Box Number is Not Acceptable) <b>10558 FAIR Pines Dr</b>
City <b>PENSACOLA FL</b> Zip Code <b>32506</b>

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 Shari Simmons Shari Simmons 5-3-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIS, SHARI</b>		NAME <b>Simmons Shari</b>	
STREET ADDRESS <b>2935 KING ST</b>		STREET ADDRESS <b>10558 FAIR Pines Dr</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32526</b>		CITY-ST-ZIP <b>PENSACOLA, FL 32506</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, DWAYNE</b>		NAME <b>SIMMONS DWAYNE</b>	
STREET ADDRESS <b>2935 KING ST</b>		STREET ADDRESS <b>10558 FAIR Pines Dr</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32526</b>		CITY-ST-ZIP <b>PENSACOLA, FL 32506</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, DWAYNE JR</b>		NAME <b>Tillery Christopher</b>	
STREET ADDRESS <b>2935 KING STREET</b>		STREET ADDRESS <b>10558 FAIR Pines Dr</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32526</b>		CITY-ST-ZIP <b>PENSACOLA, FL 32506</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Shari Simmons Shari Simmons 5-3-05 850-456-5113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #