


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90029 027 ***150.00

DOCUMENT # P04000003578 1. Entity Name THREE S SALES, INC.					
Principal Place of Business 5917 LITTLESTONE CT #201 N FORT MYERS FL 33903				Mailing Address 5917 LITTLESTONE CT #201 N FORT MYERS FL 33903	
2. Principal Place of Business - No P.O. Box # 6270 River Club Ct.		3. Mailing Address 15640 Crystal Lake Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 102			
City & State North Fort Myers, FL		City & State North Fort Myers, FL		4. FEI Number 20-0683382	
Zip 33917		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVAGE, SHIRLEY 5917 LITTLESTONE CT #201 N FORT MYERS FL 33903				7. Name and Address of New Registered Agent Name SHIRLEY SAVAGE Street Address (P.O. Box Number is Not Acceptable) 15640 Crystal Lake Dr. #102 City North Fort Myers FL Zip Code 33917	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVAGE, SHIRLEY <input type="checkbox"/> Delete 5917 LITTLESTONE CT #201 N FORT MYERS FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRLEY SAVAGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15640 Crystal Lake Dr. #102 North Fort Myers, FL 33917	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, BARRY <input type="checkbox"/> Delete 15622 CRYSTAL LAKE DR NORTH FORT MYERS FL 33917		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Shirley Savage SHIRLEY SAVAGE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/29/08 239 731 3434 <small>Date Daytime Phone #</small>		