

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000077308

FILED
Nov 08, 2005
Secretary of State

Entity Name: SOUTH SHORE INSURANCE & INVESTMENTS INC

Current Principal Place of Business:

410 S WARE BLVD
SUITE 105
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

410 S WARE BLVD
SUITE 105
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 20-1115787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DEMASK, CRAIG
410 SO WARE BLVD
SUITE 105
TAMPA, FL 33619 US

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.

SIGNATURE: CRAIG DEMASK

11/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMASK, CRAIG E
Address: 410 S WARE BLVD. SUITE 105
City-St-Zip: TAMPA, FL 33619 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ~~DIR~~ (X) Change (X) Addition
Name: ~~DEMASK, CRAIG E~~
Address: ~~410 S WARE BLVD SUITE 105~~
City-St-Zip: ~~TAMPA, FL 33619 US~~

Title: DIR () Change (X) Addition
Name: HALL, DARRYL
Address: 5306 CLEWIS AVE
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG DEMASK

P/V/P

11/08/2005

Electronic Signature of Signing Officer or Director

Date