

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 033 ***150.00

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1. Entity Name
S&S COMMUNICATIONS OF TAMPA BAY, INC.



Principal Place of Business
**POST OFFICE BOX 263
BALM, FL 33503**

Mailing Address
**POST OFFICE BOX 263
BALM, FL 33503**

40121410



06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1296611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STARLING, MARILYN S
15119 HERITAGE TRAIL LANE
WIMAUMA, FL 33598**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

| | |
|----------------|-------------------------------|
| TITLE | V |
| NAME | STARLING, MARILYN S |
| STREET ADDRESS | POST OFFICE BOX 263 |
| CITY-ST-ZIP | BALM, FL 33503 |
| TITLE | P |
| NAME | STARLING, KENNETH W |
| STREET ADDRESS | POST OFFICE BOX 263 |
| CITY-ST-ZIP | BALM, FL 33503 |
| TITLE | S <i>STARLING, MARILYN S.</i> |
| NAME | STARLING, MARILYN S |
| STREET ADDRESS | P.O. BOX 263 |
| CITY-ST-ZIP | BALM, FL 33503 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Marilyn S. Starling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 14, 07 **813-633-2246**