

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90037 023 \*\*\*150.00

**DOCUMENT # P04000103858**

1. Entity Name

**S&S FERNERIES, INC.**



Principal Place of Business

**4379 SAXON DR.  
NEW SMYRNA BCH FL 32169**

Mailing Address

**4379 SAXON DR.  
NEW SMYRNA BCH FL 32169**

2. Principal Place of Business

3. Mailing Address

~~4379 SAXON DR.~~ **475**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Delton Springs FL~~

Zip

Country

Zip

Country

**32130**

**USA**

4. FEI Number

**59-2840349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINUK, WALTER R  
4379 SAXON DR.  
NEW SMYRNA BCH FL 32169**

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

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SINUK, WALTER R	
STREET ADDRESS	4379 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINUK, PATRICIA A	
STREET ADDRESS	4379 SAXON DR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Patricia A. Sinuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

386 318-1742

Daytime Phone #