2007 FOR PRESENT ORPORATION ANNUAL REPORT

DOCUMENT # P050000274271. Entity Name

 Entity Name SPECIALTY SERVICE SOLUTIONS, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

Mailing Address

1120 ENTERPRISE CT. Suite N 1120 ENTERPRISE CT.

SUITE N

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOLLY HILL, FL 32114 US

HOLLY HILL, FL 32114 U



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired		5 Additional
20-2405364		 Not Applicable
4. FEI Number		 Applied For
4 ETI Number		Applied For

6. Name and Address of Current Registered Agent

PROIA, JACKSON D 1120 ENTERPRISE CT SUITE N HOLLY HILL, FL 32117

SIGNATURE

DO NOT WRITE IN THIS SPACE

No Chg-P

01142007

the obligations of registered agent. SIGNATURE Storature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstailing) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing 🔲	\$5.00 May Be Added to Fees	U00000591686 01/19/07-00099-005 150 00			
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROIA, JACKSON D 1120 ENTERPRISE CT. HOLLY HILL, FL 32114						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY+ST-ZIP					-		
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 eath; 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.							

8. The above named entity enternits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Larg familiar with and accept