## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT -- --Feb 07, 2007 08:00 AM DOCUMENT # P05000074482 **Secretary of State** 1. Entity Name S & S APOPKA, INC. Principal Place of Business Mailing Address 1000 E. SEMORAN BOULEVARD 4633 HAZELGROVE DRIVE APOPKA, FL 32703 US ORLANDO, FL 32818 01312007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2881713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, SCOTT W DO NOT WRITE 4633 HAZELGROVE DRIVE ORLANDO, FL 32818 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMITH, SCOTT W NAME 000000625798 02/14/07-80090-005 150.00 STREET ADDRESS 4633 HAZELGROVE DRIVE CITY-ST-ZIP ORLANDO, FL 32818 TITLE NAME STREET ADDRESS CLTY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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CITY-ST-ZIP . TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

-31-07

Daytime Phone #