

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076463

Entity Name: SSAP TRUCKING, INC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

253 TYLER AVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

253 TYLER AVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 20-2911203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMY V JACKSON, P.A.
1127 S PATRICK DR
SUITE 16
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

AMY V JACKSON, P.A.
476 HWY A1A
SUITE 3A
SATELLITE BEACH, FL 32937 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: AMY VAN FOSSEN

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BROWN, SCOTT A
Address: 253 TYLER AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Delete
Name: RIGGS, SHERRY D
Address: 253 TYLER AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHERRY D RIGGS

VP

04/25/2006

Electronic Signature of Signing Officer or Director

Date