


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 020 ***150.00

DOCUMENT # P06000000528	
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1. Entity Name
S&S GAS SYSTEMS, INC.

Principal Place of Business 17448 LEE ROAD FORT MYERS, FL 33919 US	Mailing Address 17448 LEE ROAD FORT MYERS, FL 33919 US
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01072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-4035848

Applied For
Not Applicable

Zip **33967**

Country

Zip **33967**

Country

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

**SMITH, SCOTT W
17448 LEE ROAD
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code **33967**

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, SCOTT W	
STREET ADDRESS	17448 LEE ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33919	

TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, JONATHAN M	
STREET ADDRESS	17448 LEE ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33919	

TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, SONIA	
STREET ADDRESS	17448 LEE ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33919	

TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, SONIA	
STREET ADDRESS	17448 LEE ROAD	
CITY-ST-ZIP	FORT MYERS, FL 33919	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33967	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33967	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP	33967	

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STREET ADDRESS		
CITY-ST-ZIP	33967	

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

Scott W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

239-1893
Daytime Phone #