

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 018 ***150.00

DOCUMENT # P06000062105

1. Entity Name
SSS PETROLEUM GROUP, INC.



Principal Place of Business
17804 N DALE MABRY HWY
LUTZ, FL 33549

Mailing Address
17804 N DALE MABRY HWY
LUTZ, FL 33549

40047783



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-4813690

Applied For
Not Applicable

Zip

Country

Zip

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

SCHWARTZ, STANLEY S
8875 MAJORCA BAY DR
LAKE WORTH, FL 33467

Name SCHWARTZ, STANLEY S.

Street Address (P.O. Box Number is Not Acceptable)
20827 LAKE TALIA BLVD.

LAND O' LAKES, FL. 34638

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 *Stanley S. Schwartz* STANLEY S. SCHWARTZ

3/22/07

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, 2007 Fee will be \$550.00

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 D
NAME SCHWARTZ, STANLEY S ☐ Delete
STREET ADDRESS 8875 MAJORCA BAY DR
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE P
NAME SCHWARTZ, STANLEY S. ☒ Change ☐ Addition
STREET ADDRESS 20827 LAKE TALIA BLVD.
CITY-ST-ZIP LAND O' LAKES, FL. 34638

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Stanley S. Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY S. SCHWARTZ

3/22/07 (813) 964-9442
Date Daytime Phone #