2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000859

Address:

329 N. PARK AVENUE, STE 300

City-St-Zip: WINTER PARK, FL 32789

Entity Name: SOVEREIGN SITE SERVICES, INC

FILED Apr 22, 2009 Secretary of State

Entity Nai	me: SOVERE	IGN SITE SERVICES, INC.			
Current Principal Place of Business:				New Principal Place of Business:	
329 NORTH PARK AVE STE 300 WINTER PARK, FL 32789				1551 SANDSPUR ROAD MAITLAND, FL 32751	
Current Mailing Address:				New Mailing Address:	
P O BOX 4961 ORLANDO, FL 328024961				1551 SANDSPUR ROAD MAITLAND, FL 32751	
FEI Number	: 59-3149644	FEI Number Applied For()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1400 ORLANDO, FL 32801 US				CARPENTER, KEREY 1551 SANDSPUR ROA MAITLAND, FL 32751	
	named entity e of Florida.	submits this statement for the p	urpose o	of changing its registered	d office or registered agent, or both,
SIGNATURE: KEREY CARPENTER				04/22/2009	
	Electron	nic Signature of Registered Age	nt		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST (GINSBURG, AL 1551 SANDSPI MAITLAND, FL	JR RD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DOODY, TRICI	VENUE, STE 300		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SCIARRINO, M	VENUE, STE 300		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CULP, SCOTT) Delete VENUE, STE 300 , FL 32789		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP (MISSIGMAN, P) Delete AUL M		Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ALAN H GINSBURG P 04/22/2009