

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000000859

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** SOVEREIGN SITE SERVICES, INC.

**Current Principal Place of Business:**

1551 SANDSPUR ROAD  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1551 SANDSPUR ROAD  
MAITLAND, FL 32751

**New Mailing Address:**

PO BOX 941688  
MAITLAND, FL 32794

**FEI Number:** 59-3149644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT GROUP, LLC  
1551 SANDSPUR ROAD  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: GINSBURG, ALAN H  
Address: 1551 SANDSPUR RD  
City-St-Zip: MAITLAND, FL 32751

Title: VP  
Name: DOODY, TRICIA  
Address: 700 W MORSE BLVD., SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: SCIARRINO, MICHAEL  
Address: 700 W MORSE BLVD., SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: CULP, SCOTT  
Address: 700 W MORSE BLVD., SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

Title: VP  
Name: MISSIGMAN, PAUL M  
Address: 700 W MORSE BLVD., SUITE 220  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: PAUL MISSIGMAN

VP

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date