2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT	, #	P940000)55695
----------	------------	---------	--------

1. Entity Name

S & S REAL ESTATE COMPANY, INCORPORATED



Principal Place of Business

DO NOT WRITE IN THIS SPACE

6543 SOUTH U.S. HWY 1 ROCKLEDGE, FL 32955

211

Mailing Address

4854 VERONA CIRCLE MELBOURNE, FL 32940

US



04032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3266727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDANIELS, ANITA S 101 S COURTENAY PKWY STE 102 MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE

					1110 017102			
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 tide if applicable (NOTE Registered)				required when reinstating)	DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
HILE NAME STREET ADDRESS CITY - ST - ZIP	P SALAMIS, TERRY 4854 VERONA CIRCLE MELBOURNE, FL				UGOOOA138487 04/29/04-80082-019 150. 00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAMIS, KONSTATINA 4854 VERONA CR MELBOURNE, FL 32940							
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE			
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE			
TALE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4 14 04

321 242 1093

Daytime Phone #