

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90054 047 ***150.00

DOCUMENT # P95000039241

1. Entity Name

SURVIVAL SUPPLY STORE, INC.



Principal Place of Business

**3126 FAIRBANKS FERRY ROAD
HAVANA FL 32333
US**

Mailing Address

**P.O. BOX 1057
HAVANA FL 32333
US**

2. Principal Place of Business

3. Mailing Address

3126 FAIRBANKS FERRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CITY & STATE
HAVANA FL**

Zip

Country

Zip

Country

32333

4. FEI Number

59-3316485

Applied For

Not Applicable

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

**WARFEL, TIMOTHY J
2015 CENTRE POINTE BOULEVARD
TALLAHASSEE FL 32308**

Name

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

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WOOD, RUSSELL
3126 FAIRBANKS FERRY ROAD
HAVANA FL 32333** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WOOD, JOAN S
3126 FAIRBANKS FERRY ROAD
HAVANA FL 32333** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

JOAN S. WOOD VICE-PRESIDENT

2/13/04

(850) 539-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #