

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088447

FILED
Mar 07, 2006
Secretary of State

Entity Name: SURGE SUPPRESSION INCORPORATED

Current Principal Place of Business:

109 MELVIN ST
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1212
DESTIN, FL 325401212

New Mailing Address:

FEI Number: 59-3346833 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LINDSAY, RICHARD L
Address: 109 MELVIN STREET
City-St-Zip: DESTIN, FL 34540

Title: DVP (X) Delete
Name: STEVENS, RICHARD L
Address: 109 MELVIN STREET
City-St-Zip: DESTIN, FL 34540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SANDERS, TRAVIS
Address: 109 MELVIN STREET
City-St-Zip: DESTIN, FL 34540

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: TRAVIS SANDERS

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03/07/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date