## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000010427

Entity Name: SSI ACQUISITION, INC.

City-St-Zip:

GAINESVILLE, FL 32608

FILED Feb 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1329 S.W. 16TH STREET **SUITE 5256** GAINESVILLE, FL 32608 **New Mailing Address: Current Mailing Address:** PO BOX 100303 GAINESVILLE, FL 326100303 FEI Number: 59-3362487 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOVAL, CHARLES B 1329 SW 16TH STREET, SUITE 5256 GAINESVILLE, FL 32608 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DEWAR, MARVIN Name: Name: 720 SW 2ND AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: JONES, JEFFREY Name: 1329 SW 16TH ST BOX 100336 Address: Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip: Title: Title: SD (X) Delete () Change () Addition DEWAR, MARVIN Name: Name: 1329 SW 16TH STREET STE 2178 Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: SD () Delete Title: () Change () Addition GRILL, LEONARD Name: Name: Address: 1329 SW 16TH ST BOX 100303 Address:

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

City-St-Zip:

SIGNATURE: JEFFREY JONES TD 02/13/2004