

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000055309

1. Entity Name
DSS CONSULTING, INC.



Principal Place of Business
1025 S. SEMORAN BLVD.
1093
WINTER PARK, FL 32792 US

Mailing Address
1025 S. SEMORAN BLVD.
#1-1093
WINTER PARK, FL 32792 US



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3386878

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WHEELER, ANN M
1025 S. SEMORAN BLVD.
1093
WINTER PARK, FL 32793

**DO NOT WRITE
IN THIS SPACE**

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]* **Ann M. WHEELER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renotating)

April 23, 2004

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000133617
04/27/04-80096-011 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORIN, ORAM J. JR.
STREET ADDRESS	931 E MAIN STREET, E
CITY-ST-ZIP	BLUE RIDGE, GA 30513
TITLE	VP
NAME	WHEELER, ANN M.
STREET ADDRESS	632 COUNTRY CLUB DR.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* **Ann M. WHEELER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2004

DATE

**407-671-
6761**

Daytime Phone #