

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000070986

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** STATE SUPPLY INC., OF SO. FLORIDA

**Current Principal Place of Business:**

1849 7TH AVE NORTH  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

1849 7TH AVE NORTH  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

**FEI Number:** 65-0706704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SICKLES, JUDITH  
1849 7TH AVE N  
LAKE WORTH, FL 33461 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SICKLES, JUDITH  
Address: 8122 DUOMO CIR.  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD  
Name: SICKLES, MARK  
Address: 7799 ROCKPORT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP  
Name: SICKLESS, ALAN  
Address: 7799 ROCK PORT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby 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 all other like empowered.

SIGNATURE: JUDITH SICKLES

PRES

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date