


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2004 90050 047 ***150.00

DOCUMENT # P96000089297
 1. Entity Name
S & S TICKETS CA INC.



Principal Place of Business
**1065 TILDENVILLE SCHOOL RD
 WINTER GARDEN, FL 34787**

Mailing Address
**P O BOX 617456
 ORLANDO, FL 32861**

54009154

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3410367	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SYDNOR, BILL D JR
~~2739 GRANTHAM COURT~~ *106 Mericam Ct*
~~ORLANDO, FL 32835~~ *Winter Garden FL*
*34787***

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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYDNOR, BILL D JR 2739 GRANTHAM COURT <i>106 Mericam Ct</i> ORLANDO, FL 32835 <i>Winter Garden FL 34787</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM SYDNOR, TINA M 2739 GRANTHAM COURT <i>106 Mericam Ct</i> ORLANDO, FL 32835 <i>Winter Garden FL 34787</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Bill D Sydnor M.* **2-11-04** *407-654-0004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #