

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000016923 1. Entity Name SST GROUP, INC.	
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Principal Place of Business 4501 VINELAND ROAD SUITE 103 ORLANDO, FL 32811 US	Mailing Address 4501 VINELAND ROAD SUITE 103 ORLANDO, FL 32811 US
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01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3429451	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, JEFF
811 S. ORLANDO AVE., SUITE H
WINTER PARK, FL 32789

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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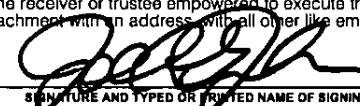
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TURNER, JEFF 1590 WOODLAND AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, JOEL 419 COURTLEA OAKS BLVD. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SLAIN, STEVE 418 POPLAR COURT MAITLAND, FL 32751
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Joel G. Johnson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #