

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90310 010 ***150.00

DOCUMENT # P97000094961 1. Entity Name SUPPORT SERVICES PLUS, INC.			
Principal Place of Business 2230 US HIGHWAY ONE 866 ROYAL PALM BLVD VERO BEACH, FL 32960		Mailing Address 2230 US HIGHWAY ONE 866 ROYAL PALM BLVD VERO BEACH, FL 32960	
2. Principal Place of Business 1935 14th Avenue Suite, Apt. #, etc.		3. Mailing Address 1935 14th Avenue Suite, Apt. #, etc.	
City & State Vero Beach, FL Zip 32960-0669 Country US		City & State Vero Beach, FL Zip 32960-0669 Country US	
4. FEI Number 65-0793336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEES, ROBERT A 7305 35TH CT VERO BEACH, FL 32967		7. Name and Address of New Registered Agent Name Dees, Iris Diane Street Address (P.O. Box Number is Not Acceptable) 7569 14th Lane City Vero Beach FL 32966-1218	
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 <i>Iris Diane Dees</i> IRIS DIANE DEES, President 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEES, IRIS DIANE 866 ROYAL PALM BLVD VERO BEACH, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Dees, Iris Diane 7569 14th Lane Vero Beach, FL 32966-1218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Iris Diane Dees</i> IRIS DIANE DEES, President 4/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		(772) 543-7600 <small>Daytime Phone #</small>	