#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT # P97000098794

1. Entity Name

SST PROPERTIES, INC.



Principal Place of Business

2710 ALTERNATE 19 NORTH

STE 402

PALM HARBOR, FL 34683

Mailing Address

2710 ALTERNATE 19 NORTH

**STE 402** 

PALM HARBOR, FL 34683

## FILED Apr 19, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR28

CR2E034 (10/03)

4. FEI Number 59-3479205

Applied For Not Applicable

5. Certificate of Status Desired

4/16/04

727-786-6206

Daytime Phone #

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

BLENNER, WALTER W 2708 ALT. 19 NORTH, SUITE 701 PALM HARBOR, FL 34683

SIGNATURE:

# DO NOT WRITE IN THIS SPACE

				114	THIS SPACE
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered offi	ice or re	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept
SIGNATURE.	<u> </u>				
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered Agent	signature	required when reinstating)	DATE
FILE NOW!!! FEE (\$ \$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 DIREC	TORS			
TITLE NAME STREET ADDRESS	DP SCHUMACHER, DONALD J 3564 WOODRIDGE PLACE				Licence
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM HARBOR, FL 34683  DVP  DUGAN, MICHAEL  2119 CROSBY ROAD  WAYZATA, MN 55391				U00000118350 04/19/04-80056-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SNYDER, RICHARD A 643 BELTED KINGFISHER DRIVE NO PALM HARBOR, FL 34683	RTH		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALMITARBON, FL 34003			——-	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	. •	, <del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

Donald J. Schumacher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR