

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3479205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP SCHUMACHER, DONALD J 3564 WOODRIDGE PLACE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUGAN, MICHAEL 2119 CROSBY ROAD WAYZATA, MN 55391
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SNYDER, RICHARD A 643 BELTED KINGFISHER DRIVE NORTH PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80002-015 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

727-786-6206

Daytime Phone #