

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000034552

1. Entity Name
STUDENT SUPPLY SYSTEMS, COMPANY



Principal Place of Business
**P.O. BOX 1066
PANAMA CITY FL 34202**

Mailing Address
**P.O. BOX 1066
PANAMA CITY FL 34202**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied for ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

DREW, JOHN W
1208 WEST COURT 11TH STREET
P.O. BOX 1066
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DREW, PATRICIA M			NAME			
STREET ADDRESS	1208 W. 11TH			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DREW, JOHN W JR			NAME			
STREET ADDRESS	3406 W. 16TH STREET			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32405			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	DREW, MICHAEL RORY			NAME			
STREET ADDRESS	1208 W. 11TH STREET			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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) **CK 3886** **02/20/2006** **850 785 2619**