


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

corp. Fee

#150.00  
#FILED  
#1806

Feb 16, 2006 08:00 AM  
Secretary of State

DOCUMENT # P99000027899  
1. Entity Name  
OFFICER SURVIVAL SPECIAL OPERATIONS GROUP, INC.



Principal Place of Business      Mailing Address  
883 HUNTERS TRACE      P O BOX 160  
CRAWFORDVILLE, FL 32327      CRAWFORDVILLE, FL 32326-0160



01102006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0923014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DELGADO, JOHN M  
883 HUNTERS TRACE  
CRAWFORDVILLE, FL 32327

**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 re-registering)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PD DELGADO, JOHN M 883 HUNTERS TRACE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, CECILIA 883HUNTERS TRACE CRAWFORDVILLE, FL 32327
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11/28/06-80017-018 150.00

**DO NOT WRITE 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: \_\_\_\_\_      2-12-06    -850-925-9660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #