


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90039 009 ***150.00

DOCUMENT # P99000036427
1. Entity Name
SSI REALTY, INC.



Principal Place of Business
**5200 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address
**5200 CENTRAL AVE.
ST. PETERSBURG FL 33707**


2. Principal Place of Business
5511 Central Ave

3. Mailing Address
Suite, Apt. #, etc. **← SAME**

City & State
St. Petersburg, FL

City & State
City & State

Zip
33710 Country **U.S.A.**



MOORE CR2E034 (11/03)

4. FEI Number **59-3570704** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHERPF, STEPHEN T
5200 CENTRAL AVE.
ST. PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5511 Central Ave

City **St. Petersburg** **FL** Zip Code **33710**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHERPF, STEPHEN T	5200 CENTRAL AVE	SAINT PETERSBURG FL 33707	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5511 Central Avenue	St. Petersburg, FL 33710	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Stephen T. Scherpf **2/4/04** (727) 410-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #