

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057499

FILED  
Mar 19, 2004  
Secretary of State

**Entity Name:** SUPPORT SERVICES FOR INDEPENDENT LIVING INC.

**Current Principal Place of Business:**

5551 80TH PL N  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

6210 44TH STREET NORTH  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

P.O. BOX 1035  
PINELLAS PARK, FL 33780

**New Mailing Address:**

**FEI Number:** 59-3583739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLISON, KRISTI  
9790 LAKE SEMINOLE DR E  
LARGO, FL 33773 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSCD ( ) Delete  
Name: ALLISON, KRISTI  
Address: 9790 LAKE SEMINOLE DR E  
City-St-Zip: LARGO, FL 33773

Title: VM ( ) Delete  
Name: ALLISON, KRISTI  
Address: 9790 LAKE SEMINOLE DR E  
City-St-Zip: LARGO, FL 33773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI ALLISON

PSCD

03/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date