


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 006 ***150.00

DOCUMENT # P99000076975

1. Entity Name
S S ENTERPRISE OF CHIEFLAND, INC.



Principal Place of Business Mailing Address

14451 N.W. 30TH AVENUE 14451 N.W. 30TH AVENUE
 HWY 129 HWY 129
 CHIEFLAND FL 32626 CHIEFLAND FL 32626

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3599873 Not Applicable

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

6. Name and Address of Current Registered Agent

WORKMAN, SHARON
 14451 N.W. 30TH AVENUE
 HWY 129
 CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name David Lee Workman

Street Address (P.O. Box Number is Not Acceptable)
14451 N.W. 30th Avenue

Hwy 129

City Chiefland FL Zip Code 32626

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 David Lee Workman DATE 1-21-2004

Signature of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WORKMAN, DAVID L	
STREET ADDRESS	HC 4, BOX 57	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, DAVE A	
STREET ADDRESS	9095 NW 129 CT.	
CITY-ST-ZIP	CHIEFLAND FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Lee Workman DATE: 1-21-2004 DAYTIME PHONE #: 352 463 2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR