

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078256

FILED
Apr 30, 2009
Secretary of State

Entity Name: SSP MEETINGS AND MANAGEMENT, INC.

Current Principal Place of Business:

1945 LANE AVE SO
#5
JACKSONVILLE, FL 32210

New Principal Place of Business:

5911 HICKS RD
JACKSONVILLE, FL 32244

Current Mailing Address:

P O BOX 7040
JACKSONVILLE, FL 32238

New Mailing Address:

P O BOX 441745
JACKSONVILLE, FL 32222

FEI Number: 59-3598180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, WANDA L
1945 LANE AVE SO #5
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CALLAHAN, WANDA L
5911 HICKS RD
JACKSONVILLE, FL 32244 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALLAHAN, WANDA L
Address: 1945 LANE AVE SO 5
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: BAIN, MARK G
Address: 1945 LANE AVE SO., STE 5
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALLAHAN, WANDA L
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change () Addition
Name: BAIN, MARK G
Address: 5911 HICKS RD
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WANDA CALLAHAN

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date