

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 017 ***150.00

DOCUMENT # S13238
 1. Entity Name
S & S FINANCIAL, INC.



Principal Place of Business: **1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442 US**
 Mailing Address: **1192 E. NEWPORT CENTER DRIVE, STE. 200 DEERFIELD BEACH, FL 33442 US**

40047284

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: **65-0229063**
 Applied For: Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent
ECKERT, CHARLES
1192 E. NEWPORT CENTER DRIVE, STE. 200
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: DPT <input type="checkbox"/> Delete	NAME: ECKERT, CHARLES S.
STREET ADDRESS: 1192 E. NEWPORT CENTER DRIVE, STE. 200	CITY-ST-ZIP: DEERFIELD BEACH, FL 33442
TITLE: DVPS <input type="checkbox"/> Delete	NAME: ECKERT, SCOTT A.
STREET ADDRESS: 1192 E. NEWPORT CENTER DRIVE, STE. 200	CITY-ST-ZIP: DEERFIELD BEACH, FL 33442
TITLE: AS, D <input type="checkbox"/> Delete	NAME: ECKERT, SIBYL
STREET ADDRESS: 1192 E. NEWPORT CENTER DRIVE, STE. 200	CITY-ST-ZIP: DEERFIELD BEACH, FL 33442
TITLE: AT, D <input type="checkbox"/> Delete	NAME: Eckert Patricia
STREET ADDRESS: 1192 E Newport Center Drive, Ste 200	CITY-ST-ZIP: Deerfield Beach, FL 33442
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
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	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
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: Charles Eckert **CHARLES S ECKERT** 3-30-05 954 771 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #