

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S28303

Entity Name: FIVE "S" INC.

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2025 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2025 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 59-3065103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SAPP, APRIL S  
2025 NORTHWEST 6TH STREET  
GAINESVILLE, FL 32609 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SAPP, APRIL SUMMERS  
Address: 2025 N.W. 6TH STREET  
City-St-Zip: GAINESVILLE, FL 32609

Title: D  
Name: SAPP, WESLEY J.  
Address: 3825 N.W. 15 STREET  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: APRIL SAPP

PRES

03/07/2011

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

\_\_\_\_\_  
Date