

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V01772

Entity Name: S.S.M., INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

2800 S. ORANGE AVENUE  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

3508 MARSON DR.  
ORLANDO, FL 32812 US

## New Mailing Address:

FEI Number: 59-3101147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRUNOR, SYLVIA A.  
605 E. ROBINSON ST  
SUITE 720  
ORLANDO, FL 32801 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: CESD ( ) Delete  
Name: REAVES, CECIL,  
Address: 8312 HELENA DRIVE  
City-St-Zip: ORLANDO, FL

Title: PCSD ( ) Delete  
Name: REAVES, MICHAEL  
Address: 3508 MARSON DR.  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: REAVES, ROBERT  
Address: 7008 GUNSTON LANE  
City-St-Zip: ARLINGTON, TX 76017

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CESD (X) Change ( ) Addition  
Name: REAVES, CECIL,  
Address: 1262 ANGELINE AVE  
City-St-Zip: ORLANDO, FL 32807

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: MICHAEL T REAVES

PCSD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date