

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J53041

Entity Name: S & S ENTERPRISES, INC.**Current Principal Place of Business:**400 HIGH POINT DRIVE, SUITE #500
COCOA, FL 32926**Current Mailing Address:**400 HIGH POINT DRIVE, SUITE #500
COCOA, FL 32926**FEI Number:** 59-2751366**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMPKINS, B. W
400 HIGH POINT DRIVE
SUITE 500
COCOA, FL 32926 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:** B. W. SIMPKINS**09/23/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title S
Name DARBY, LAURA M
Address 400 HIGH POINT DR
City-State-Zip: COCOA FLTitle AS
Name TIMMINS, SUSAN C
Address 400 HIGH POINT DR, STE 500
City-State-Zip: COCOA FL 32926Title PD
Name SIMPKINS, B. W.
Address 400 HIGH POINT DRIVE, SUITE #500
City-State-Zip: COCOA FL 32926Title DIRECTOR
Name SIMPKINS, JILL
Address 400 HIGH POINT DRIVE, SUITE #500
City-State-Zip: COCOA FL 32926Title DIRECTOR
Name GOSHORN, CATHERINE
Address 400 HIGH POINT DRIVE, SUITE #500
City-State-Zip: COCOA FL 32926Title DIRECTOR
Name PORTER, DENISE
Address 400 HIGH POINT DRIVE, SUITE #500
City-State-Zip: COCOA FL 32926

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: B. W. SIMPKINS**PRESIDENT/DIRECTOR****09/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date