# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

# DOCUMENT# P03000092144

Entity Name: S2 TECHNOLOGY INC.

FILED Dec 04, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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11105 GREEN PARK CIRCLE 20301 GRANDE OAK BLVD

TAMPA, FL 33626 US PMB #118-44

ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

11105 GREEN PARK CIRCLE 20301 GRANDE OAK BLVD TAMPA, FL 33626 US PMB #118-44

ESTERO, FL 33928 US

FEI Number: 03-0527086 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SINGLETON, BRIGITTE J 11105 GREEN PARK CIRCLE TAMPA, FL 33626 US MAURER, CRAIG 20301 GRANDE OAK BLVD PMB #118-44 ESTERO, FL 33928 US

ESTERO, FL 33928 U

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: STEVEN B WINGATE 12/04/2009

Electronic Signature of Registered Agent Date

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

Name: WINGATE, STEVEN B Name:

 Address:
 5310 CHIEF BRAVE WOLF ROAD
 Address:

 City-St-Zip:
 LAUREL, MT 59044 US
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 SUMERS, MARTIN S
 Name:

 Address:
 2824 B DAMASCUS COURT
 Address:

 City-St-Zip:
 BALTIMORE, MD 21209 US
 City-St-Zip:

Title: VP ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 SINGLETON, BRIGITTE J
 Name:
 MAURER, CRAIG

 Address:
 11105 GREEN PARK CIRCLE
 Address:
 21169 PALESE DRIVE

 City-St-Zip:
 TAMPA, FL 33626 US
 City-St-Zip:
 ESTERO, FL 33928 US

Title: ( ) Delete Title: ASST ( ) Change (X) Addition

Name: Name: SINGLETON, BRIGITTE
Address: Address: 11105 GREEN PARK CIRCLE

City-St-Zip: City-St-Zip: TAMPA, FL 33626

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: STEVEN B WINGATE VP 12/04/2009