

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED:
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 606206 1. Entity Name SUZI KARR REALTY, INC.	
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Principal Place of Business 527 MAIN ST. P. O. BOX 667 WINDERMERE, FL 34786	Mailing Address 527 MAIN ST. P. O. BOX 667 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

	
04242007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1968648	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARR, SUZI 527 MAIN ST. P.O. BOX 667 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

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.

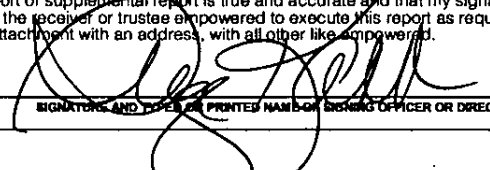
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000751585 05/18/07-80105-007 600.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KARR, SUZI 527 MAIN ST. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARR, SUZI 527 MAIN ST. WINDERMERE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-7 **407-8763688**
Date Daytime Phone #