

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022904

Entity Name: SUE A. JENNINGS INC.

FILED  
Feb 09, 2005  
Secretary of State

**Current Principal Place of Business:**

1802 LAKE OSBORNE DR.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

1802 LAKE OSBORNE DR.  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 65-0566125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JENNINGS, SUE A  
1147 HILLSBORO MILE  
SUITE 303  
HILLSBORO, FL 33062 US

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

JENNINGS, SUE A  
1802 LAKE OSBORNE DR  
LAKE WORTH, FL 33461 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: SUE A. JENNINGS

02/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JENNINGS, SUE A  
Address: 1147 HILLSORO MILE, SUITE 303  
City-St-Zip: HILLSBORO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JENNINGS, SUE A  
Address: 1802 LAKE OSBORNE DR  
City-St-Zip: LAKE WORTH, FL 33461

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: SUE A JENNINGS

P

02/09/2005

Electronic Signature of Signing Officer or Director

Date