

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 311127

Entity Name: W.G. SUTTLES INC.

FILED  
Jan 18, 2005  
Secretary of State

## Current Principal Place of Business:

4763 FREMONT STREET  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

4632 IROQUOIS AVENUE  
JACKSONVILLE, FL 32210

## Current Mailing Address:

P.O. BOX 7809  
JACKSONVILLE, FL 32238

## New Mailing Address:

FEI Number: 59-1152828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKINS, LINDA K S  
4763 FREMONT STREET  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

AKINS, LINDA K S  
4632 IROQUOIS AVENUE  
JACKSONVILLE, FL 32210 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:

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: ALEXANDER, MEREDITH L  
Address: 4763 FREMONT STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete  
Name: AKINS, LINDA KAY SUT, TLES  
Address: 4763 FREMONT STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: C ( ) Delete  
Name: SUTTLES, CHARLES N  
Address: 4763 FREMONT STREET  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: ALEXANDER, MEREDITH L  
Address: 4632 IROQUOIS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD (X) Change ( ) Addition  
Name: AKINS, LINDA KAY SUT, TLES  
Address: 4632 IROQUOIS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: C (X) Change ( ) Addition  
Name: SUTTLES, CHARLES N  
Address: 4632 IROQUOIS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

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: MEREDITH L. ALEXANDER

ST

01/18/2005

Electronic Signature of Signing Officer or Director

Date