2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Noting Address Noti	DOCUMENT # 348543 1. Entity Name SUCO INC						Jan 29, 2005 08:00 Secretary of State					
Suite, APT #, visc. City & State Ci	105 BEACH DR., STE. A-5 105 BEACH DR., STE.						2547	1,11			: 	1881
City & State Sectificate of State Desired St. 15 Actioned St. 15 Ac	2. Principal Place of Business				3. Mailing Address			_				
Solidations	Suite, Apt #, etc.			Sui	Suite, Apt #, etc.			1	st MOORE	CR2E034 (10	/04)	
S. Harmo and Address of Current Registered Agent POOLE RONALD R 105 BEACH DR, STE, A-5 FT WALTON BCH FL 32548 8. The above named ently submits his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150,00 After May 1, 2009 Fee Will Be \$550,00 Make Check Payable to Florida Department of State 101 STEP ADDITIONS/CHANGES TO CHEPTED AND DIRECTORS 11. ADDITIONS/CHANGES TO CHEPTED AND DIRECTORS 11. ADDITIONS/CHANGES TO CHEPTED AND DIRECTORS 11. ADDITIONS/CHANGES TO CHEPTED AND DIRECTORS TO CHANGE TO CHANGE TO CHEPTED AND DIRECTORS TO CHANGE	City & State			City	City & State			4. FEI Num	^{ber} 59-130388	18		
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10.6 BEACH DR, STE. A-5 FT WALTON BCH FL 32548 8. The above named ently subthits 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: 8. The above named ently subthits 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: 8. The above named ently subthits 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 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 statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the Statement for the State of Florida. I am familiar with, and accept the Statement for the State of Florida Statement for the State of Florida Statement for the Statement for State of Florida Statement for State of Florida Statement for florida Change and Statement for Statement		6. Name	and Address of Cur	rent Register	ed Agent		Name	7. Name ar	id Address of New	Registered Agen		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. Signature Signatur	105	BEACH !	DR., STE. A-5				Street Addre	ss (P.O. Box Num	ber is Not Acceptab	le)		 -
SIGNATURE Signature The November The Novembe	i						'			r _L	<u> </u>	
FILE NOW!! FEE \$ \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INC. PD OOLE, RON R. SIRE! ADDRESS OITY-S1-7P FT WALTON BEACH FL OPOCIE, LINDA SIRE! ADDRESS OITY-S1-7P FT. WALTON BEACH FL OPOCIE, LINDA SIRE! ADDRESS OITY-S1-7P INIE NAME POOLE, LINDA SIRE! ADDRESS OITY-S1-7P INIE OITY-S1-7P OITY-S1-7P INIE OITY-S1-7P OITY-S1-7P INIE OITY-S1-7P OITY-S1-7P OITY-S1-7P OITY-S1-7P INIE OITY-S1-7P OIT	the obligations of registered agent.											
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NAME SIRECT ADDRESS CITY ST-ZIP ITILE Delete TMF Change Addition NAME SIRECT ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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:	NAME STREET ADDRESS			 	☐ Defete	NAM SIRE	EET ADDRESS				Change 🗀	Addition
NAME STREET ADDRESS CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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:	NAME STREET ADDRESS				☐ Defete	NAM STRE	E F F ADDRESS				Change 🔲	Addition
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