

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90037 020 ***150.00

DOCUMENT # 418537

1. Entity Name
SUBURBAN ESTATES, INC.



Principal Place of Business

2209 SE 8TH AVE
P.O. BOX 131
OKEECHOBEE, FL 34973

Mailing Address

P.O. BOX 131
OKEECHOBEE, FL 34973

94015981



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1461312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PEARSON, FRANKIE Z
2209 S.E. 8TH AVENUE, P.O. BOX 131
OKEECHOBEE, FL 34973

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ATTAWAY, JAMES O.
STREET ADDRESS ~~2209 SE 8TH AVE~~ 1727 SW 35th St.
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ST
NAME PEARSON, FRANKIE Z
STREET ADDRESS 2209 SE 8TH AVENUE
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE V
NAME BUTLER, GEORGE H.
STREET ADDRESS P.O. BOX 1007
CITY-ST-ZIP COLUMBUS, NC 28722

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: James O. Attaway **JAMES O. ATTAWAY** 2-9-04 823-763-3256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #