2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 743266

1. Entity Name
SUITS FOR SERVANTS, INC.

Principal Place of Business	Mailing Address
5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE, FL 32205	5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE

01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1855940
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TATUM JAMES L.
6835 SENECA AVE.
JACKSONVILLE, FL 32210

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000401919
02/02/06-80064-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TATUM, JAMES L.
STREET ADDRESS	6835 SENECA AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	TATUM, BERNICE D.
STREET ADDRESS	6835 SENECA AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	POLLARD, JAMES F., SR.
STREET ADDRESS	610 LAUREL ST.
CITY-ST-ZIP	BREMEN, GA
TITLE	D
NAME	NARRAMORE, CLYDE M.(DR)
STREET ADDRESS	115 SEQUOIA DR.
CITY-ST-ZIP	PASADENA, CA
TITLE	D
NAME	JONES, DAVID H.
STREET ADDRESS	1484 MURRAY DR.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: _____ 1-24-06 904-786-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #