

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 5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE, FL 32205	Mailing Address 5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE, FL 32205
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01242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FIC 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	

**DO NOT WRITE
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 rechartering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

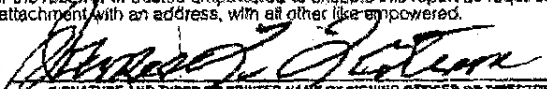
1100000401918
02/02/06-80064-022 61.25

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATUM, JAMES L. 6835 SENECA AVE. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TATUM, BERNICE D. 6835 SENECA AVE. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLARD, JAMES F., SR. 810 LAUREL ST. BREMEN, GA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARRAMORE, CLYDE M. (DR) 115 SEQUOIA DR. PASADENA, CA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, DAVID H. 1484 MURRAY DR. JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

904-786-8770

Date

Telephone